| Schedule E) | PAGE 1 OF 124 FOR SE OF FORM 24/48 |
|--|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | |
| | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends report | rt filed on |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Elizabeth M Moore | 09 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 1223 Silver Sage Dr Apt 303 | Amount |
| City State Zip Code | 20.00 |
| Raleigh NC 27606 | Transaction ID : a2a02cd8-aa96-469c-a Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate Support | Office Sought: House District: 00 |
| Ms. Kay Hagan Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | Disbursement For: |
| Full Name of Payee Elizabeth M Moore | Date of Public Distribution/Dissemination |
| Mailing Address 1223 Silver Sage Dr Apt 303 | 09 12 2014 |
| 1223 Silver Sage Dr Apt 303 | Amount |
| City State Zip Code | 6.39 |
| Raleigh NC 27606 | Transaction ID: 6902418a-0f68-434f-b Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | 09 / 12 / 2014 |
| Name of Federal Candidate Support | Office Sought: House District: 00 |
| Ms. Kay Hagan Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | Disbursement For: Primary |
| | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 26.39 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | > |
| (c) TOTAL Independent Expenditures | • |
| Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date | 09 15 2014 |
| Signature | |

| Schedule E) | LIVI LXI LIVL | TIONES | PAGE 2 OF 124 FOR SE OF FORM 24/48 |
|--|---------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | rt filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Eric J Smith | | | 09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 4967 Dysartville | | | Amount |
| City | State | Zip Code | 80.00 |
| Morganton | NC | 28655 | Transaction ID : 86055331-c61d-4992-b Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 / 12 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 304462.73 | Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Jennifer E Smith | | | 09 12 2014 |
| Mailing Address 4967 Dysartsville Rd | | | Amount |
| City | State | Zip Code | 80.00 |
| Morganton | NC | 28655 | Transaction ID: d21b21e3-73d0-4861-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 304462.73 | Disbursement For: Primary X General 2014 Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expendent | litures | | . 160.00 |
| | | | 7 7 7 |
| (b) SUBTOTAL of Unitemized Independent Expe | enditures | | · • |
| (c) TOTAL Independent Expenditures | | | |
| | didate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electro | nically Filed] Date | 09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| 5.g. a.a. | | | |

| Schedule E) | LIVI EXPERE | TI ONLS | PAGE 3 OF 124 FOR SE OF FORM 24/48 | _ |
|--|----------------------|-----------------------|---|------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ | _ |
| Women Speak Out PAC | | | C C00530766 | |
| Check if 24-hour report X 48-hour report | New re | port Amends repo | ort filed on |] |
| Full Name of Payee Jennifer E Smith | | | Date of Public Distribution/Dissemination | _ |
| Mailing Address 4967 Dysartsville Rd | | | 09 12 2014 Amount | _ |
| City | State | Zip Code | 10.50 | 1 |
| Morganton | NC | 28655 | Transaction ID : b2991d76-6d6d-41ab-8 Date of Disbursement or Obligation | _ |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |] |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 | |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC | _ |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 304462.73 | Disbursement For: Primary General 2014 Other (specify) ▶ | |
| Full Name of Payee | | | Date of Public Distribution/Dissemination | |
| Elizabeth M Moore | | | 09 12 2014 |] |
| Mailing Address 1223 Silver Sage Dr Apt 303 | 3 | | Amount | |
| City | State | Zip Code | 20.00 | |
| Raleigh Purpose of Expenditure | NC | 27606 | Transaction ID : 45054bf3-0c14-4462-9 Date of Disbursement or Obligation | |
| Salary | | Category/ Type 001 | 09 / 12 / 2014 |] |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 | _ |
| Ms. Kay Hagan | | Oppose | President Senate State: NC | _ |
| Calendar Year-To-Date Per Election for Office Sought | | 304462.73 | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ | 1 |
| • | | | | _ |
| (a) SUBTOTAL of Itemized Independent Expendent | ditures | | 30.50 | |
| (b) SUBTOTAL of Unitemized Independent Exp | enditures | | • |] |
| (c) TOTAL Independent Expenditures | | | |] |
| | ndidate or authorize | | not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political | |
| Ms. Emily Buchanan Signature | [Electro | nically Filed] Date | 09 / 15 / 2014 | |
| ÷ | | | | |

| Schedule E) | INDENT EXPENDI | TONES | | PAGE 4 OF 124 FOR SE OF FORM 24/48 |
|--|---------------------------|-----------------------|----------------------------------|---|
| NAME OF COMMITTEE (In Full) | | | FEC II | DENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | С | C00530766 |
| Check if 24-hour report X 48-hour re | port New repo | ort Amends repo | rt filed on | D = D / Y = Y = Y |
| Full Name of Payee Elizabeth M Moore | | | Date of Public | c Distribution/Dissemination |
| | | | 09 | 12 2014 |
| Mailing Address 1223 Silver Sage Dr Apt 3 | 303 | | Amount | |
| City | State | Zip Code | | 9.96 |
| Raleigh | NC | 27606 | | ID: 466fac6e-0d2d-477b-a ursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | M 09 | 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 3 | 04462.73 | Disbursement For: 2014 Other (sp | Primary |
| Full Name of Payee | | | Date of Publi | c Distribution/Dissemination |
| Monique Guillory | | | 09 | 12 2014 |
| Mailing Address 409 LaSalle Drive | | | Amount | |
| City | State | Zip Code | | 10.00 |
| Little Rock | AR | 72211 | | D: b18f778e-d105-47e0-b ursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 M | 12 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | President | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 304462.73 | Disbursement For: 2014 Other (sp | Primary |
| (a) SUBTOTAL of Itemized Independent E. | xpenditures | | | 19.96 |
| , | | | | 1 7 1 7 |
| (b) SUBTOTAL of Unitemized Independent | Expenditures | | • | 7 7 |
| (c) TOTAL Independent Expenditures | | | • | 7 |
| Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party commit | y candidate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | 09 / 15 | 2014 |
| <u> </u> | [Electron | ically Filed] Date | | |

| Schedule E) | | PAGE 5 OF 124 FOR SE OF FORM 24/48 |
|---|-----------------------------|---|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report X 48-hour report | ew report Amends report fil | led on Man / Dad / Yayayay |
| Full Name of Payee Monique Guillory | | Date of Public Distribution/Dissemination |
| Mailing Address 409 LaSalle Drive | | 09 / 12 / 2014 |
| | | Amount |
| City State | Zip Code | 0.30 |
| Little Rock AR | 72211 | Transaction ID: 1aa6dc96-7eee-4c21-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support Off | fice Sought: House District:00 |
| Ms. Kay Hagan | X Oppose | President State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 304462.73 Dis | sbursement For: Primary X General Other (specify) ▶ |
| Full Name of Payee | <u> </u> | Date of Public Distribution/Dissemination |
| Monique Guillory | | 09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 409 LaSalle Drive | | |
| | | Amount |
| City State | Zip Code | 10.00 |
| Little Rock AR | 72211 | Transaction ID : d04dfb03-7d06-4e5d-b Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 09 12 / Y Y Y Y Y Y |
| Name of Federal Candidate | Support Of | ffice Sought: House District: 00 |
| Ms. Kay Hagan | Oppose [| President State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | sbursement For: Primary X General 014 Other (specify) ▶ |
| _ | · | |
| (a) SUBTOTAL of Itemized Independent Expenditures | ····· | 10.30 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ······ | |
| (c) TOTAL Independent Expenditures | ····· | |
| Under penalty of perjury I certify that the independent expen with, or at the request or suggestion of, any candidate or aut party committee) any political party committee or its agent. | | |
| | Electronically Filed] Date | 09 15 2014 |
| Signature | | |

| Schedule E) | INI EXI END | THORIES | PAGE 6 OF 124 FOR SE OF FORM 24/48 |
|--|----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New rep | ort Amends repo | rt filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Monique Guillory | | | 09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 409 LaSalle Drive | | | Amount |
| City | State | Zip Code | 0.30 |
| Little Rock | AR | 72211 | Transaction ID: 905635f9-add1-4cf1-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | , | 304462.73 | Disbursement For: Primary |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Krystal A Wilson | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 448 Judson Dr | | | Amount |
| City | State | Zip Code | 40.00 |
| Wake Forest | NC | 27587 | Transaction ID : 6dd32fbd-4f6d-4c08-b Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 304462.73 | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expendi | tures | | 40.30 |
| ,, | | | 7 7 |
| (b) SUBTOTAL of Unitemized Independent Expe | nditures | | > |
| (c) TOTAL Independent Expenditures | | | > |
| | didate or authorized | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 09 15 2014 |
| - | | | |

| Schedule E) | JENT EXICID | ITORES | PAGE FOR S | 7 OF 124 SE OF FORM 24/48 |
|--|------------------------|-----------------------|--|------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFI | CATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530 | 766 |
| Check if 24-hour report X 48-hour repor | New rep | ort Amends repo | t filed on | / |
| Full Name of Payee | | | Date of Public Distrib | oution/Dissemination |
| James Kindstedt | | | 09 / D | |
| Mailing Address 5510 Dogwood Dr | | | Amount | |
| City | State | Zip Code | | 32.50 |
| Winston Salem | NC | 27105 | Transaction ID : fe8f | |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 / D | D / Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House | se District: 00 |
| Ms. Kay Hagan | | X Oppose | President X Sena | ate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 304462.73 | Disbursement For: | imary 🔀 General |
| Full Name of Payee | | | Date of Public Distrib | oution/Dissemination |
| James Kindstedt | | | 09 / 12 | |
| Mailing Address 5510 Dogwood Dr | | | Amount | |
| City | State | Zip Code | | 7.83 |
| Winston Salem | NC | 27105 | Transaction ID: 6156 Date of Disbursemen | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | M 09 / 12 | D / Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: Hous | se District: 00 |
| Ms. Kay Hagan | | X Oppose | President X Sena | ate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | -, -, | 304462.73 | Disbursement For: Pr 2014 Other (specify) | rimary X General |
| (a) SUBTOTAL of Itemized Independent Expe | nditures | | | 40.33 |
| | | | 7 | 7 |
| (b) SUBTOTAL of Unitemized Independent Ex | penditures | | > | 4 |
| (c) TOTAL Independent Expenditures | | | • | 7.1.4. |
| Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee | andidate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 09 / D D / Y | 2014 |
| | | | | |

| Schedule E) | JENT EXTEND | HORLS | <u> </u> | PAGE 8 OF 124 FOR SE OF FORM 24/48 |
|---|------------------------|-----------------------|------------------------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDE | NTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | Cc | 00530766 |
| Check if 24-hour report X 48-hour report | New rep | oort Amends repo | rt filed on | D = D / Y = Y = Y |
| Full Name of Payee | | | Date of Public I | Distribution/Dissemination |
| Joanna Kindstedt | | | / 09 | 12 / 2014 |
| Mailing Address 2134 Tobaccoville Rd | | | Amount | |
| City | State | Zip Code | | 32.50 |
| Rural Hall | NC | 27045 | | : a4b339a9-f1b9-4926-a sement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M M / | 12 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | President X | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 304462.73 | Disbursement For: 2014 Other (spec | Primary |
| Full Name of Payee | | | Date of Public | Distribution/Dissemination |
| William M Goldsmith | | | 09 | 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 211 Pearl St | | | Amount | |
| City | State | Zip Code | | 65.00 |
| Drexel | NC | 28619 | | 2859e6b5-c699-404b-9 sement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M 09 / | 12 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | President X | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 304462.73 | Disbursement For: 2014 Other (spec | Primary |
| (a) SUBTOTAL of Itemized Independent Exper | nditures | | | 97.50 |
| | | | 7 | 7 |
| (b) SUBTOTAL of Unitemized Independent Ex | oenditures | | > | 4 |
| (c) TOTAL Independent Expenditures | | |) | 7 |
| Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any caparty committee) any political party committee | andidate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 09 / 15 | 2014 |
| • | | | | |

| Schedule E) | INI EXI END | ITORES | PAGE 9 FOR SE O | OF 124 F FORM 24/48 |
|---|----------------------|-----------------------|---|------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICAT | ION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 | |
| Check if 24-hour report X 48-hour report | New rep | ort Amends repo | t filed on | Y |
| Full Name of Payee William M Goldsmith | | | Date of Public Distribution | Y Y Y Y Y |
| Mailing Address 211 Pearl St | | | 09 12 Amount | 2014 |
| City | State | Zin Codo | | 21.63 |
| Drexel | NC | Zip Code 28619 | Transaction ID : 5d200c8 Date of Disbursement or | 3c-3332-4782-9 |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 09 / D D D 12 | 2014 |
| Name of Federal Candidate | | Support | Office Sought: House | District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate | State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 304462.73 | Disbursement For: ☐ Primar 2014 ☐ Other (specify) ▶ | y X General |
| Full Name of Payee Lorri Anderson | | | Date of Public Distribution | n/Dissemination |
| Mailing Address 7214 Duchamp Dr | | | 09 12 | 2014 |
| | | | Amount | |
| City | State | Zip Code | | 20.00 |
| Charlotte Purpose of Expenditure | NC | 23215 | Transaction ID: 1fd1b453 Date of Disbursement or | Obligation |
| Salary | | Category/ Type 001 | 09 / 12 | 2014 |
| Name of Federal Candidate | | Support | Office Sought: House | District:00 |
| Ms. Kay Hagan | | X Oppose | President Senate | State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 304462.73 | Disbursement For: ☐ Primar 2014 ☐ Other (specify) ▶ | y X General |
| (a) SUBTOTAL of Itemized Independent Expendi | tures | | | 41.63 |
| (b) SUBTOTAL of Unitemized Independent Expe | nditures | | | |
| (b) SOBTOTAL OF STREETINGS INDEPENDENT EXPE | Taltaros | | · | 1 1 100 |
| (c) TOTAL Independent Expenditures | | | > | |
| Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canded party committee) any political party committee or | didate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | | 14 |
| 2·3· | | | | |

| Schedule E) | ENT EXILIB | HONES | PAGE 10 OF 124 FOR SE OF FORM 24/48 |
|--|---------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | rt filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Lorri Anderson | | | 09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 7214 Duchamp Dr | | | Amount |
| City | State | Zip Code | 12.90 |
| Charlotte | NC | 23215 | Transaction ID: 9226eac4-b215-428a-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 09 / 12 / Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 304462.73 | Disbursement For: Primary General General Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Regina R Mouton | | | 09 12 2014 |
| Mailing Address 5827 Brighton PI | | | Amount |
| City | State | Zip Code | 30.00 |
| New Orleans | LA | 70131 | Transaction ID : ec80c321-3cb6-42e1-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 / 12 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | , , | 116531.66 | Disbursement For: Primary Genera 2014 Genera Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expendent | litures | | 42.90 |
| | | | 7 7 |
| (b) SUBTOTAL of Unitemized Independent Expo | enditures | | · • |
| (c) TOTAL Independent Expenditures | | | • |
| | didate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| - 0 | | | |

| Schedule E) | LIVI EXI END | ITOTILO | | PAGE 11 OF 124 FOR SE OF FORM 24/48 |
|--|-----------------------|-----------------------|-----------------------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC ID | ENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | C00530766 |
| Check if 24-hour report X 48-hour report | New rep | ort Amends repo | rt filed on | D = D / Y = Y = Y |
| Full Name of Payee | | | Date of Public | Distribution/Dissemination |
| Regina R Mouton | | | 09 | 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 5827 Brighton Pl | | | Amount | |
| City | State | Zip Code | | 9.00 |
| New Orleans | LA | 70131 | | D: 7fc5d73f-5cbb-4129-b rsement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | M M M / | 12 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President > | <u> </u> |
| Calendar Year-To-Date Per Election for Office Sought | | 116531.66 | Disbursement For: 2014 Other (spe | Primary X General ecify) ▶ |
| Full Name of Payee | | | Date of Public | : Distribution/Dissemination |
| Adena V Smith | | | 09 / | 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 450 Judson Dr | | | Amount | |
| City | State | Zip Code | | 40.00 |
| Wake Forest | NC | 27587 | | : 8230b301-cd64-406e-a rsement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 | 12 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | President > | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 304462.73 | Disbursement For: 2014 Other (sp | Primary X General |
| (a) SUBTOTAL of Itemized Independent Expen | ditures | | | 49.00 |
| | | | 7 | 7 7 |
| (b) SUBTOTAL of Unitemized Independent Exp | enditures | |) | |
| (c) TOTAL Independent Expenditures | | | • | |
| Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of | ndidate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | M M / D D D 15 | 2014 |
| = | | | | |

| <u> </u> | FOR SE OF FORM 24/48 |
|---|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends report filed on | M = M / D = D / Y = Y = Y |
| Full Name of Payee | ate of Public Distribution/Dissemination |
| Adena V Smith | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 450 Judson Dr | nount |
| City State Zip Code | 10.20 |
| Wake Forest NC 27587 Tra | ansaction ID : 4912a422-c3cc-4ee0-9 tte of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | 09 / 12 / 2014 |
| Name of Federal Candidate Support Office Soil | ught: House District:00 |
| Mc Kay Hagan | sident State: NC |
| Calendar Year-To-Date Per Election for Office Sought Disbursen 2014 | nent For: |
| Full Name of Payee Da | |
| Brenda L McCune | ate of Public Distribution/Dissemination |
| Mailing Address 1254 Fleming St Apt 6 | nount |
| City State Zip Code | 15.00 |
| Conway AR 72032 Trai | nsaction ID: 1b7c001d-2554-4b1c-a ate of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 09 12 2014 |
| Name of Federal Candidate Support Office So | ught: House District: 00 |
| Mr. Mark L Pryor Oppose Pre | esident State: AR |
| Calendar Year-To-Date Per Election for Office Sought Disburser 2014 | ment For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | 25.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | 1 1 7 1 7 1 7 1 |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date 09 | 15 2014 |
| Signature | |

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OF

124

| Sc | hedule E) | | | | | PAGE 13 OF 124 FOR SE OF FORM 24/48 |
|---------|---|-------------------|-----------------|---------------------|-----------------------|--|
| | ME OF COMMITTEE (In Full) | | | | FEC II | DENTIFICATION NUMBER ▼ |
| W | omen Speak Out PAC | | | | | C00530766 |
| Che | eck if 24-hour report X 48-hour report New | w report | Amends repo | ort filed on | M = M / | / D = D / Y = Y = Y |
| _ | Full Name of Payee | | | Date | of Publi | a Distribution/Dissemination |
| | Brenda L McCune | | | Date | of Public 09 | c Distribution/Dissemination / 12 2014 |
| | Mailing Address 1254 Fleming St Apt 6 | | | Amo | ount | |
| ŀ | City State | Zip Cod | e | | | 12.60 |
| | Conway | 72032 | | | | ID: 43e98bea-6b12-4473-b ursement or Obligation |
| | Purpose of Expenditure Mileage | Catego Ty | ory/ vpe 002 | | 09 | 12 2014 |
| Ì | Name of Federal Candidate | | Support | Office Soug | aht: | House District:00 |
| | Mr. Mark L Pryor | <u> </u> | Oppose | Presi | | Senate State: AR |
| | Calendar Year-To-Date Per Election for Office Sought | 92637.65 | 5 | Disburseme 2014 | ent For: Other (sp | Primary |
| | Full Name of Payee Laura U Logie | | | Date | e of Publi | ic Distribution/Dissemination |
| | NA-The Address | | | | 09 | 12 2014 |
| | Mailing Address 2565 Shire Circle | | | Amo | ount | |
| ŀ | City State | Zip Cod | .e | | | 20.00 |
| | Harrisonburg VA | 22801 | | Trans Date | saction II | D: 26fb286c-6ba9-426d-a ursement or Obligation |
| Ì | Purpose of Expenditure Salary | Catego | ory/ vpe 001 | $\exists \mid \mid$ | 09 | 12 / 2014 |
| Ī | Name of Federal Candidate | | Support | Office Sou | ght: | House District:00 |
| - | Ms. Kay Hagan | > | Oppose | | • | Senate State: NC |
| | Calendar Year-To-Date Per Election for Office Sought | 30446 | 2.73 | Disburseme 2014 | ent For: Other (sp | Primary X General |
| (| (a) SUBTOTAL of Itemized Independent Expenditures | | | | | 32.60 |
| | | | | · _ | | |
| (| (b) SUBTOTAL of Unitemized Independent Expenditures | | | ··· \ | | 7 |
| (| (c) TOTAL Independent Expenditures | | | ··· • | 7 | 1 4 1 5 |
| ٧ | Under penalty of perjury I certify that the independent expenditivith, or at the request or suggestion of, any candidate or authoparty committee) any political party committee or its agent. | | | | | |
| | Ms. Emily Buchanan [Ele | ectronically File | ed] Date | te 09 | 15 | / Y Y Y Y Y 2014 |
| | Signature | | | | | |

| Schedule E) | NDENT EXICIO | ITORES | ⊢ | PAGE 14 OF 124 FOR SE OF FORM 24/48 |
|---|-------------------------|-----------------------|-----------------------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDE | ENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | 00530766 |
| Check if 24-hour report X 48-hour rep | ort New rep | ort Amends repo | rt filed on | D D / Y Y Y Y |
| Full Name of Payee | | | Date of Public | Distribution/Dissemination |
| Sandra L Clarke | | | M M / | 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 1254 Fleming St Apt 6 | | | Amount | |
| City | State | Zip Code | | 25.00 |
| Conway | AR | 72032 | | : 2e05d069-cd11-4ada-a sement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 | 12 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Mark L Pryor | | X Oppose | President X | <u> </u> |
| Calendar Year-To-Date Per Election for Office Sought | | 92637.65 | Disbursement For: 2014 Other (spe | Primary ⊠ General |
| Full Name of Payee | | | Date of Public | Distribution/Dissemination |
| Joseph R Rys | | | M M / | 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 160 #50 Pompano Dr | | | Amount | |
| City | State | Zip Code | | 45.00 |
| New Bern | NC | 28560 | | : 3b336130-ba48-48d4-8 sement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 | 12 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | President X | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 304462.73 | Disbursement For: 2014 Other (spe | Primary |
| (a) SUBTOTAL of Itemized Independent Ex | oenditures | | | 70.00 |
| | | | - | 7 - |
| (b) SUBTOTAL of Unitemized Independent | Expenditures | | • | 7 |
| (c) TOTAL Independent Expenditures | | |) | 7 1 7 |
| Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee | candidate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 09 / 15 | 2014 |
| S.g.iataro | | | | |

| | | FOR SE OF FORM 24/48 |
|--------|--|--|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| ۷۱ | /omen Speak Out PAC | C C00530766 |
| Ch | eck if 24-hour report X 48-hour report New report Amends report filed | on M = M / D = D / Y = Y = Y |
| \Box | Full Name of Payee | Date of Public Distribution/Dissemination |
| | Joseph R Rys | 09 12 2014 |
| | Mailing Address 160 #50 Pompano Dr | Amount |
| | City State Zip Code | 5.73 |
| | New Bern NC 28560 | Transaction ID : 7dffe85c-c4e7-41ca-b Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | 09 / 12 / 2014 |
| | Name of Federal Candidate Support Office | Sought: House District: 00 |
| | Ms. Kay Hagan Oppose | President State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | rsement For: Primary X General Other (specify) ▶ |
| | Full Name of Payee Matt M Clarke Mailing Address 1254 Fleming St Apt 6 | Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | 1254 Fleming St Apt 6 | Amount |
| | City State Zip Code | 25.00 |
| | Conway AR 72032 | Transaction ID: c9849c7d-ffdd-438c-8 Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 09 12 2014 |
| | Name of Federal Candidate Support Office | Sought: House District: 00 |
| | Mr. Mark L Pryor Oppose | President Senate State: AR |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | rsement For: Primary General Other (specify) ▶ |
| | (a) SUBTOTAL of Itemized Independent Expenditures | 30.73 |
| | (b) SUBTOTAL of Unitemized Independent Expenditures | |
| | (c) TOTAL Independent Expenditures | 1 4 1 4 1 6 |
| ١ | Under penalty of perjury I certify that the independent expenditures reported herein were not mawith, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent. | |
| | Ms. Emily Buchanan [Electronically Filed] Date | 9 15 2014 |
| | Signature | |

PAGE

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OF

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| Sch | edule E) | AI 111111. | 101120 | | | | PAGE 16 FOR SE OF FO | OF 124 ORM 24/48 |
|-------|--|-------------|-------------------|------------|-------------------|------------------------|---------------------------------------|---------------------|
| | E OF COMMITTEE (In Full) | | | | | FEC ID | DENTIFICATION | |
| Wo | omen Speak Out PAC | | | | | | C00530766 | |
| Check | k if 24-hour report X 48-hour report | New repo | ort Arr | nends repo | ort filed on | M = M / | D D / Y | - Y - Y - Y |
| | | | | | | | | |
| | full Name of Payee Matt M Clarke | | | | Dat | te of Public | c Distribution/Dis | semination 2014 |
| M | Mailing Address 1254 Fleming St Apt 6 | | | | Am | ount | | |
| С | City Stat | te | Zip Code | | - $ $ $ $ $ $ | | | 12.00 |
| C | Conway | ₹ | 72032 | | | | ID: 4c71c64a-42 ursement or Oblig | |
| | Purpose of Expenditure Mileage | | Category/ Type | 002 | | 09 | 12 / Y | 2014 |
| N | lame of Federal Candidate | | <u>'</u> ; | Support | Office Sou | ıqht: | House Dis | trict: 00 |
| N | Mr. Mark L Pryor | | | Oppose | | _ | Senate S | tate: AR |
| | Calendar Year-To-Date Per Election for Office Sought | | 92637.65 | | Disbursem 2014 | nent For: Other (sp | Primary Decify) ▶ | General |
| | Full Name of Payee Cecilla A Rebrick | | | | Dat | te of Publi | c Distribution/Dis | semination |
| N | Mailing Address 5003 Allison Lane | | | | | 09 | 12 | 2014 |
| | | | | | Am | nount | | |
| С | City Stat | | Zip Code | | | , | | 40.00 |
| | Ft. Smith AF | | 72901 | | Tra r | te of Disbu | D: eaf29495-a6fa ursement or Oblig | gation |
| | Purpose of Expenditure Salary | | Category/ Type | | | 09 | 12 | 2014 |
| N | Name of Federal Candidate | | | Support | Office Sou | ught: | House Dis | trict: 00 |
| N | Mr. Mark L Pryor | | X | Oppose | | Ľ | | tate: AR |
| | Calendar Year-To-Date Per Election for Office Sought | | 92637.6 | 5 | Disbursem 2014 | nent For: Other (sp | Primary Decify) ▶ | X General |
| (a) |) SUBTOTAL of Itemized Independent Expenditures | | | | , [| | | 52.00 |
| (α) | SUBTOTAL OF REHILZER HROPERIORIC EXPERIENCES | | | | | | 7 | 52.00 |
| (b) |) SUBTOTAL of Unitemized Independent Expenditures | | | | ·· • | | | |
| (c) |) TOTAL Independent Expenditures | | | | | | | |
| witl | nder penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate or rty committee) any political party committee or its agent | authorized | | | | | | |
| | Ms. Emily Buchanan | [Electron | ically Filed] | Date | e 09 | 15 | 2014 | Y |
| | Signature | | _ | | | | | _ |

| Schedule E) | INI EXI EN | DITORLO | PAGE 17 OF 124 FOR SE OF FORM 24/48 |
|--|---------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New re | eport Amends repo | rt filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Cecilla A Rebrick | | | 09 12 / Y Y Y Y Y |
| Mailing Address 5003 Allison Lane | | | Amount |
| City | State | Zip Code | 1.50 |
| Ft. Smith | AR | 72901 | Transaction ID: 6d43a643-e2ed-482c-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Mr. Mark L Pryor | | X Oppose | President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | -,, | 92637.65 | Disbursement For: |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Lisa Booth | | | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 1434 South Avenue | | | Amount |
| City | State | Zip Code | 100.00 |
| Eden | NC | 27288 | Transaction ID : f4b534d9-31a7-46b0-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District:00 |
| Ms. Kay Hagan | | Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | .,, | 304462.73 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expendi | tures | | . 101.50 |
| (4) 662161112 61 16111262 11166961146111 21496114 | | | 7 101100 |
| (b) SUBTOTAL of Unitemized Independent Expe | nditures | | • |
| (c) TOTAL Independent Expenditures | | | • |
| | didate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electro | onically Filed] Date | 09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| 2. 0 | | | |

| · · · · · · · · · · · · · · · · · · | | FOR SE OF FORM 24/48 |
|---|---|---|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report X 48-hour report | New report Amends report filed on | M = M / D = D / Y = Y = Y |
| Full Name of Payee | Da | ate of Public Distribution/Dissemination |
| Lisa Booth | | 09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 1434 South Avenue | Ar | mount |
| City | te Zip Code | 14.40 |
| Eden No | | ransaction ID: d3176dd7-8c4b-4da3-9 ate of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 | 09 / 12 / 2014 |
| Name of Federal Candidate | Support Office Sc | ought: House District: 00 |
| Ms. Kay Hagan | Oppose Pre | esident State: NC State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 304462.73 Disburser 2014 | ment For: |
| Full Name of Payee Ralph Smith Mailing Address 2090 Fancy Gap Rd | | ate of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | An Zin Code | 40.00 |
| City Sta Mt. Airy N | C 27030 Tra | 40.00 ansaction ID: ea339b11-039e-4aa9-9 ate of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 09 / 12 / 2014 |
| Name of Federal Candidate | Support Office So | ought: House District: 00 |
| Ms. Kay Hagan | Oppose Pre | esident Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 304462.73 Disburse 2014 | ment For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | • | 54.40 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | |
| (c) TOTAL Independent Expenditures | ····· | |
| Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen | authorized committee or agent of either, or | |
| Ms. Emily Buchanan | [Electronically Filed] Date 09 | 15 2014 |
| Signature | | |

PAGE

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OF

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| Schedule E) | LNDITONES | PAGE 19 OF 124 FOR SE OF FORM 24/48 |
|---|--------------------------------|---|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report X 48-hour report | lew report Amends report filed | on M M / D D / Y Y Y Y Y Y |
| Full Name of Payee Ralph Smith | | Date of Public Distribution/Dissemination |
| Mailing Address 2090 Fancy Gap Rd | | 09 12 2014 |
| | | Amount |
| City State | Zip Code | 24.84 |
| Mt. Airy NC | 27030 | Transaction ID: 91702e0a-b0f7-41b8-a Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 | 09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support Office | e Sought: House District:00 |
| Ms. Kay Hagan | X Oppose | President State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 304462.73 Disbu | ursement For: Primary |
| Full Name of Payee | | Date of Public Distribution/Dissemination |
| Tammay Williams | | 09 12 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 924 N. Prieur St | | Amount |
| City State | Zip Code | 80.00 |
| New Orleans LA | 70116 | Transaction ID: f0f0408d-eaee-4ca9-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 09 12 / Y Y Y Y Y |
| Name of Federal Candidate | Support Office | e Sought: House District: 00 |
| Ms. Mary L Landrieu | X Oppose | President State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 116531.66 Disb 2014 | ursement For: Primary |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 104.84 |
| | · | 7 7 7 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ····· | 7 7 7 |
| (c) TOTAL Independent Expenditures | ····· | |
| Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent. | | |
| | Electronically Filed] Date | 9 15 2014 |
| Signature | | |

| S | chedule E) | FLIND | ITONES | | PAGE 20 OF 124 FOR SE OF FORM 24/48 |
|----|---|-----------|-----------------------|------------------|--|
| V/ | AME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| ۷ | Vomen Speak Out PAC | | | | C C00530766 |
| Ch | neck if 24-hour report X 48-hour report | New rep | ort Amends rep | ort filed | on M M / D D / Y B Y B Y B Y |
| | Full Name of Payee Tammay Williams | | | | Date of Public Distribution/Dissemination |
| | Mailing Address 924 N. Prieur St | | | | 09 12 2014 Amount |
| | City State | | Zip Code | | 15.00 |
| | New Orleans LA | | 70116 | | Transaction ID : d3362e44-5b2d-47a5-8 Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage | | Category/ Type 002 | 2 | 09 12 / 2014 |
| | Name of Federal Candidate | | Support | Office | Sought: House District: 00 |
| | Ms. Mary L Landrieu | | X Oppose | | President Senate State: LA |
| | Calendar Year-To-Date Per Election for Office Sought | 1 | 116531.66 | Disbu 2014 | rsement For: Primary X General Other (specify) ▶ |
| | Full Name of Payee | | | | Date of Public Distribution/Dissemination |
| | Nathan S Shaw | | | | 09 12 / Y Y Y Y Y Y |
| | Mailing Address 5726 NC Hwy 66 S | | | | Amount |
| | City State | | Zip Code | | 25.00 |
| | King NC | | 27021 | | Transaction ID: a2c0e3d0-8d56-469b-a Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary | | Category/ Type 001 | | 09 / 12 / 2014 |
| | Name of Federal Candidate | | Support | Office | e Sought: House District: 00 |
| | Ms. Kay Hagan | | X Oppose | | President Senate State: NC |
| | Calendar Year-To-Date Per Election for Office Sought | | 304462.73 | Disbu 2014 | orsement For: Primary X General Other (specify) ▶ |
| | | | | ' | |
| | (a) SUBTOTAL of Itemized Independent Expenditures | | | ···· > | 40.00 |
| | (b) SUBTOTAL of Unitemized Independent Expenditures | , | | ··· • | |
| | (c) TOTAL Independent Expenditures | | | ···· > | |
| | Under penalty of perjury I certify that the independent expe with, or at the request or suggestion of, any candidate or at party committee) any political party committee or its agent. | | | | |
| | Ms. Emily Buchanan Signature | [Electron | ically Filed] Dat | te 0 | |
| | | | | | |

| Schedule E) | PENT EXTEND | TIONES | PAGE 21 OF 124 FOR SE OF FORM 24/48 |
|--|----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | rt filed on |
| Full Name of Payee Nathan S Shaw | | | Date of Public Distribution/Dissemination |
| Mailing Address 5726 NC Hwy 66 S | | | 09 / 12 / 2014 |
| 3720 NO TIWY 00 0 | | | Amount |
| City | State | Zip Code | 12.30 |
| King | NC | 27021 | Transaction ID : fcfb7c02-74f1-4e47-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 304462.73 | Disbursement For: Primary General 2014 Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Antoinette Franklin | | | 09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 8822 Apple St | | | Amount |
| City | State | Zip Code | 65.00 |
| New Orleans | LA | 70188 | Transaction ID : 50efb97d-b43a-4d61-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 116531.66 | Disbursement For: ☐ Primary ☐ General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Exper | ditures | | 77.30 |
| ,, | | | |
| (b) SUBTOTAL of Unitemized Independent Exp | penditures | | · • |
| (c) TOTAL Independent Expenditures | | | · |
| | ndidate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| 5.g.14.410 | | | |

| , | FOR SE OF FORM 24/48 |
|--|---|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report Ne | ew report Amends report filed on Amends report |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Eric Wilson | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 907 Randall Drive | Amount |
| City State | Zip Code 40.00 |
| Searcy AR | 72149 Transaction ID : 7a776678-4e71-444d-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 09 / 12 / 2014 |
| Name of Federal Candidate | Support Office Sought: House District: 00 |
| Mr. Mark L Pryor | Oppose President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| Full Name of Payee Eric Wilson | Date of Public Distribution/Dissemination |
| | 09 / 12 / 2014 |
| Mailing Address 907 Randall Drive | Amount |
| City State | Zip Code 35.70 |
| Searcy AR | 72149 Transaction ID : 85af79b2-c7d9-4bbf-a Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 09 / 12 / 2014 |
| Name of Federal Candidate | Support Office Sought: House District: 00 |
| Mr. Mark L Pryor | Oppose President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 92637.65 Disbursement For: ☐ Primary ☐ General Other (specify) ► |
| (a) SUBTOTAL of Itemized Independent Expenditures | 75.70 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | • |
| (c) TOTAL Independent Expenditures |) |
| | ditures reported herein were not made in cooperation, consultation, or concert norized committee or agent of either, or (if the reporting entity is not a political |
| | lectronically Filed] Date 09 15 2014 |
| Signature | |

PAGE

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OF

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| Schedule E) | I EXI END | ITORIEO | | PAGE 23 OF 124 FOR SE OF FORM 24/48 |
|---|------------------|-----------------------|--------------------------|---|
| NAME OF COMMITTEE (In Full) | | | F | EC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | [| C C00530766 |
| Check if 24-hour report X 48-hour report | New rep | ort Amends repo | ort filed on | M / D = D / Y = Y = Y |
| Full Name of Payee Beau Autin | | | M | |
| Mailing Address 345 Auroura Ave | | | Amount | |
| City | State | Zip Code | | 65.00 |
| Metairie | LA | 70006 | | ction ID : d62cf21a-32f5-4172-9 Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M 0 | 9 12 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | Presiden | t Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 1 | 116531.66 | Disbursement 2014 Oth | For: Primary X General er (specify) ▶ |
| Full Name of Payee | | | Date of | Public Distribution/Dissemination |
| Beau Autin | | | M | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 345 Auroura Ave | | | Amount | لىنى لىا ك |
| City | State | Zip Code | | 7.11 |
| Metairie | LA | 70006 | | tion ID : ec2dc935-f6d3-4a15-b Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | 9 12 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | Oppose | Presiden | |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 116531.66 | Disbursement 2014 Oth | For: Primary X General er (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | s | | • | 72.11 |
| (b) SUBTOTAL of Unitemized Independent Expenditu | ıres | | | |
| (c) TOTAL Independent Expenditures | | | · - | 7 |
| Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a | te or authorized | | | |
| Ms. Emily Buchanan | [Electron | ically Filed] Date | | 15 2014 |
| Signature | | | | |

| Schedule E) | ADENT EXTEND | TOTILO | | PAGE 24 OF 124 FOR SE OF FORM 24/48 |
|--|-------------------------|-----------------------|-----------------------------------|---|
| NAME OF COMMITTEE (In Full) | | | FEC ID | ENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | C00530766 |
| Check if 24-hour report X 48-hour rep | ort New repo | ort Amends repo | rt filed on | D = D / Y = Y = Y |
| Full Name of Payee | | | Date of Public | Distribution/Dissemination |
| Theresa a Youngblood | | | 09 / | 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 102 S Main Street Apt A2 | | | Amount | |
| City | State | Zip Code | | 70.00 |
| Berryville | VA | 22611 | | D: e4fe1470-c656-4466-8 rsement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 | 12 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | President > | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 3 | 04462.73 | Disbursement For: 2014 Other (spe | Primary |
| Full Name of Payee | | | Date of Public | Distribution/Dissemination |
| Virginia M Stevens | | | 09 / | 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 1691 Fork Mtn Rd | | | Amount | |
| City | State | Zip Code | | 70.00 |
| Bakersville | NC | 28705 | | : 988b23f8-40bb-4e0a-a rsement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 | 12 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | Oppose | President > | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | , , | 304462.73 | Disbursement For: 2014 Other (spe | Primary X General ecify) ► |
| (a) SUBTOTAL of Itemized Independent Exp | enditures | | | 140.00 |
| | | | -7- | 4 |
| (b) SUBTOTAL of Unitemized Independent E | Expenditures | | • | |
| (c) TOTAL Independent Expenditures | | | • | |
| Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee | candidate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | 09 / 15 | 2014 |
| - | | | | |

| Schedule E) | IN EXIEND | HONES | <u> </u> | PAGE 25 OF 124 FOR SE OF FORM 24/48 |
|--|---------------------|-----------------------|------------------------------------|---|
| NAME OF COMMITTEE (In Full) | | | FEC IDE | NTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | Cc | 00530766 |
| Check if 24-hour report X 48-hour report | New rep | oort Amends repo | rt filed on | D = D / Y = Y = Y |
| Full Name of Payee Virginia M Stevens | | | M = M / | Distribution/Dissemination |
| Mailing Address 1691 Fork Mtn Rd | | | 09 Amount | 12 2014 |
| | | | | |
| City Bakersville | State NC | Zip Code 28705 | | 33.60 : d88d6f23-ee9a-4ad2-a sement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of Disbuis | 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | President X | |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 304462.73 | Disbursement For: 2014 Other (spec | Primary |
| Full Name of Payee Malinda Ledford | | | M = M / | Distribution/Dissemination |
| Mailing Address 44 Bell Street Ext | | | 09 Amount | 12 2014 |
| City | State | Zip Code | | 70.00 |
| Spruce Pine | NC | 28777 | | : 7a7b6798-c8af-4371-a sement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M 09 / | 12 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | Oppose | President X | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 304462.73 | Disbursement For: 2014 Other (spec | Primary |
| (a) SUBTOTAL of Itemized Independent Expendit | ures | | | 103.60 |
| (b) SUBTOTAL of Unitemized Independent Exper | nditures | | • | |
| | | | 7 | 7 |
| (c) TOTAL Independent Expenditures | | | • | 7 |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candragery committee) any political party committee or | idate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 09 / 15 | 2014 |
| Signature | | | | |

| · · · · · · · · · · · · · · · · · · | FOR SE OF FORM 24/48 |
|--|---|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report | New report Amends report filed on Amends report |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Malinda Ledford | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 44 Bell Street Ext | Amount |
| City State | Zip Code 33.60 |
| Spruce Pine NC | 28777 Transaction ID : d5b09e43-f796-487f-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support Office Sought: House District: 00 |
| Ms. Kay Hagan | Oppose President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶ |
| Full Name of Payee Carol L Walters Mailing Address 1900 Glen West Way | Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City State | Zip Code 75.00 |
| Fort Smith AR | 72916 Transaction ID: 6883bc6d-3351-4709-b Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 |
| Name of Federal Candidate | Support Office Sought: House District: 00 |
| Mr. Mark L Pryor | Oppose President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 92637.65 Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | 108.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | • • • • • • • • • • • • • • • • • • • |
| (c) TOTAL Independent Expenditures | • • • • • • • • • • • • • • • • • • • |
| | enditures reported herein were not made in cooperation, consultation, or concert uthorized committee or agent of either, or (if the reporting entity is not a political |
| | [Electronically Filed] Date 09 15 2014 |
| Signature | |

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OF

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| <u> </u> | FOR SE OF FORM 24/48 |
|--|---|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends report filed on | M = M / D = D / Y = Y = Y |
| Full Name of Payee | ate of Public Distribution/Dissemination |
| Carol L Walters | 09 12 2014 |
| Mailing Address 1900 Glen West Way | mount |
| City State Zip Code | 4.20 |
| Fort Smith AR 72916 Tr | ransaction ID : aac75037-d5ba-448b-a ate of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate Support Office Sc | ought: House District:00 |
| Mr. Mark L Pryor Oppose Pre | esident State: AR |
| Calendar Year-To-Date Per Election for Office Sought Disburse 2014 | ment For: Primary General |
| Full Name of Pause | Other (specify) |
| Full Name of Payee Edward N Walker | pate of Public Distribution/Dissemination |
| Mailing Address 3 Girard St | mount |
| City State Zip Code | 40.00 |
| | ansaction ID : f252ee65-f9f0-41e4-8 late of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 09 / 12 / 2014 |
| Name of Federal Candidate Support Office So | ought: House District: 00 |
| Mr. Mark L Pryor Oppose Pro | esident State: AR |
| Calendar Year-To-Date Per Election for Office Sought Disburse 2014 | ement For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | 44.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | 7 7 7 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date 09 | 15 2014 |
| Signature | |

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OF

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| Schedule E) | A LINDITOTICO | PAGE 28 OF 124 FOR SE OF FORM 24/48 |
|---|----------------------------------|--|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report X 48-hour report | New report Amends repo | ort filed on |
| Full Name of Payee Edward N Walker | | Date of Public Distribution/Dissemination |
| Mailing Address 3 Girard St | | 09 12 2014 Amount |
| City Sta | ate Zip Code | 12.60 |
| Ft Smith A | · | Transaction ID : 7f5043b7-980e-492c-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 | 09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support | Office Sought: House District: 00 |
| Mr. Mark L Pryor | X Oppose | President X Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 92637.65 | Disbursement For: Primary General 2014 Other (specify) ▶ |
| Full Name of Payee | | Date of Public Distribution/Dissemination |
| Sue G Walker | | 09 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 3 Girard | | Amount |
| City Sta | ate Zip Code | 60.00 |
| ' | R 72901 | Transaction ID : f74d3d30-a0ce-4a2f-b Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support | Office Sought: House District: 00 |
| Mr. Mark L Pryor | Oppose | President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 92637.65 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | | ▶ 72.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | . • |
| | | 4 4 |
| (c) TOTAL Independent Expenditures | | • |
| Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen | authorized committee or agent of | |
| Ms. Emily Buchanan | [Electronically Filed] Date | 9 09 15 2014 |
| Signature | | |

| Schedule E) | VI EXI EIVE | TIONES | PAGE 29 FOR SE OF I | OF 124 FORM 24/48 |
|---|-------------------|-----------------------|---|----------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATIO | N NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 | |
| Check if 24-hour report X 48-hour report | X New re | port Amends repo | rt filed on | Y W Y W Y W |
| Full Name of Payee | | | Date of Public Distribution/D | Dissemination |
| Sue G Walker | | | 09 12 | 2014 |
| Mailing Address 3 Girard | | | Amount | |
| City | State | Zip Code | | 13.20 |
| Fort Smith | AR | 72901 | Transaction ID: 9715ce25- Date of Disbursement or Ob | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | M M / D D / 12 | 2014 |
| Name of Federal Candidate | | Support | Office Sought: House D | istrict: 00 |
| Mr. Mark L Pryor | | Oppose | President Senate | State: AR |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 92637.65 | Disbursement For: ☐ Primary 2014 ☐ Other (specify) ▶ | X General |
| Full Name of Payee | | | Date of Public Distribution/D | Dissemination |
| Kenny Wallis | | | 09 / 12 | 2014 |
| Mailing Address 6412 Osage Dr | | | Amount | |
| City | State | Zip Code | | 35.00 |
| North Little rock | AR | 72116 | Transaction ID : d17f56d7-7 Date of Disbursement or Ol | |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 / 12 | 2014 |
| Name of Federal Candidate | | Support | Office Sought: House D | District: 00 |
| Mr. Mark L Pryor | | X Oppose | President Senate | State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 92637.65 | Disbursement For: ☐ Primary 2014 ☐ Other (specify) ▶ | X General |
| (a) SUBTOTAL of Itemized Independent Expenditu | res | | • | 48.20 |
| (b) CURTOTAL of Unitersized Index and art Function | I:4 | | | |
| (b) SUBTOTAL of Unitemized Independent Expendent | litures | | • | |
| (c) TOTAL Independent Expenditures | | | • | |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its | late or authorize | | | |
| Ms. Emily Buchanan Signature | [Electro | nically Filed] Date | 09 / D D / Y Y Y 15 2014 | |
| - | | | | |

| Schedule E) | /// O | | 110.120 | | PAGE 30 OF 124 FOR SE OF FORM 24/48 |
|--|-----------------------------|----------------------|-----------------------|-----------------------|---|
| NAME OF COMMITTEE | | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak C | Out PAC | | | | C C00530766 |
| Check if 24-hour re | port X 48-hour report | New rep | port Amends repo | ort filed on | M / D D / Y Y Y Y Y |
| Full Name of Payee Kenny Wallis | | | | | of Public Distribution/Dissemination |
| Mailing Address 641 | 2 Osage Dr | | | Amou | 09 12 2014 nt |
| City | | State | Zip Code | | 9.24 |
| North Little rock | | AR | 72116 | | action ID : f05aa574-7bef-4d89-b of Disbursement or Obligation |
| Purpose of Expendit Mileage | ure | | Category/ Type 002 | | 09 12 7 2014 |
| Name of Federal Ca | ndidate | | Support | Office Sough | t: House District: 00 |
| Mr. Mark L Pryor | | | Oppose | Preside | |
| Calendar Year-T Per Election for | | | 92637.65 | Disbursement 2014 Or | t For: Primary X General |
| Full Name of Payee Virginia T Gra Mailing Address 1 | nt 34 Shore Crest Circle | | | | of Public Distribution/Dissemination 09 |
| City | | State | Zip Code | | 20.00 |
| Carrire | | MS | 39426 | Transa Date o | ction ID : c438ec21-b0c0-4cce-a of Disbursement or Obligation |
| Purpose of Expendit Salary | ure | | Category/ Type 001 | M | 09 / 12 / 2014 |
| Name of Federal Ca | ndidate | | Support | Office Sough | t: House District:00 |
| Ms. Mary L Landrieu | | | X Oppose | Preside | ent Senate State: LA |
| Calendar Year-T Per Election for | | | 116531.66 | Disbursemen 2014 O | t For: Primary X General ther (specify) ▶ |
| (a) SUBTOTAL of Ite | mized Independent Expend | itures | | . • | 29.24 |
| (b) SUBTOTAL of Ur | nitemized Independent Expe | nditures | | • | |
| (c) TOTAL Independe | ent Expenditures | | | | 7 |
| with, or at the reques | | didate or authorized | | | ooperation, consultation, or concert the reporting entity is not a political |
| | y Buchanan | [Electroi | nically Filed] Date | e 09 | 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | | | | | |

| Schedule E) | MOENT EXILITIES | TOTILO | | PAGE 31 OF 124 FOR SE OF FORM 24/48 |
|---|---------------------------|-----------------------|---------------------------------|---|
| NAME OF COMMITTEE (In Full) | | | FEC I | DENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | С | C00530766 |
| Check if 24-hour report X 48-hour re | port New repo | ort Amends repo | ort filed on | / D = D / Y = Y = Y |
| Full Name of Payee Virginia T Grant | | | М - М | ic Distribution/Dissemination |
| Mailing Address 134 Shore Crest Circle | | | 09 Amount | 12 2014 |
| City | State | Zip Code | | 7.20 |
| Carrire | MS | 39426 | | ID: df7066f8-5984-4964-a ursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 09 | 12 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Ms. Mary L Landrieu | | X Oppose | | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 1 | 16531.66 | Disbursement For: 2014 Other (s | Primary |
| Full Name of Payee Phillip Williams | | | Date of Publ | ic Distribution/Dissemination |
| Mailing Address 3007 Darden Rd | | | Amount | |
| City | State | Zip Code | | 62.50 |
| Greensboro | NC | 27407 | Transaction I Date of Disb | D: 1ab6190a-6fa9-46a8-9 ursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 | 12 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Ms. Kay Hagan | | X Oppose | President | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 304462.73 | Disbursement For: 2014 Other (s | Primary X General pecify) ▶ |
| (a) SUBTOTAL of Itemized Independent Ex | rpenditures | | > | 69.70 |
| (b) SUBTOTAL of Unitemized Independent | Expenditures | | • | |
| (c) TOTAL Independent Expenditures | | | • | 1 |
| Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee | y candidate or authorized | | | |
| Ms. Emily Buchanan | [Electron | ically Filed] Date | 9 09 15 | 2014 |
| Signature | | | | |

| Schedule E) | EXI EIVE | TOTILO | | - | PAGE 32 OF 124 FOR SE OF FORM 24/48 |
|---|---------------|----------------------|------------------|-----------------------|---|
| NAME OF COMMITTEE (In Full) | | | | _ | ENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C | C00530766 |
| Check if 24-hour report X 48-hour report | New repo | ort Amends re | port filed on | M = M / | D |
| Full Name of Payee Phillip Williams | | | D | M = M / | Distribution/Dissemination |
| Mailing Address 3007 Darden Rd | | | A | 09 mount | 12 2014 |
| City | State | Zip Code | — г | | 31.20 |
| Greensboro | NC | 27407 | | | D: c4180da8-07ca-4e30-b sement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 00 |)2 | 09 | 12 / 2014 |
| Name of Federal Candidate | | Support | Office So | ought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | | _ | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 3 | 304462.73 | Disburse 2014 | ment For: Other (spe | Primary |
| Full Name of Payee | | | D | ate of Public | Distribution/Dissemination |
| Beverly Williams | | | | M M / | 12 / 2014 |
| Mailing Address 3007 Darden Rd | | | | | |
| | | | A | mount | |
| City | State | Zip Code | | | 62.50 |
| Greensboro | NC | 27407 | | | : 9854e073-25d1-4c5d-8 rsement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 00 | 1 | 09 | 12 / 2014 |
| Name of Federal Candidate | | Support | Office S | ought: | House District:00 |
| Ms. Kay Hagan | | X Oppose | Pr | esident > | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 304462.73 | Disburse 2014 | ement For: Other (spe | Primary ☐ General |
| • | | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | ▶ | | 93.70 |
| (b) SUBTOTAL of Unitemized Independent Expenditure | res | | ···· • | | |
| (c) TOTAL Independent Expenditures | | | ····· • | | 7 |
| Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its at | or authorized | | | | |
| Ms. Emily Buchanan | [Electron | ically Filed] Da | ate 09 | 15 | 2014 |
| Signature | | | | | |

| , | FOR SE OF FORM 24/48 |
|---|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends report filed | on M M / D D / Y Y Y Y Y |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Chad E Day | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 168 Emerald Hill | Amount |
| City State Zip Code | 117.50 |
| Forest City NC 28043 | Transaction ID : b7b340bf-19bd-4f86-a Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 09 / 12 / 2014 |
| Name of Federal Candidate Support Office | Sought: House District: 00 |
| Ms. Kay Hagan Oppose | President State: NC |
| Calendar Year-To-Date Per Election for Office Sought Disbu 2014 | rrsement For: Primary |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Joneisha Stewart | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 2329 Runnymede Dr | Amount |
| City State Zip Code | 60.00 |
| Marrero LA 70072 | Transaction ID : cc3ab236-0cf0-41d4-b Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate Support Office | e Sought: House District: 00 |
| Ms. Mary L Landrieu Oppose | President State: LA |
| Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | ursement For: Primary X General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | 177.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date 0 | 9 15 2014 |
| Signature | |

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OF

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| Schedule E) | INT EXTEND | HONES | PAGE 34 OF 124 FOR SE OF FORM 24/48 |
|--|----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New rep | oort Amends repo | rt filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Daniel E Collison | | | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 3315 Cardinal Ridge Rd | | | Amount |
| City | State | Zip Code | 50.00 |
| Greensboro | NC | 27410 | Transaction ID : c2b366d5-8901-4966-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District:00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 304462.73 | Disbursement For: Primary General 2014 Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Daniel E Collison | | | 09 12 2014 |
| Mailing Address 3315 Cardinal Ridge Rd | | | Amount |
| City | State | Zip Code | 27.30 |
| Greensboro | NC | 27410 | Transaction ID : 36c1b79d-f5cb-4744-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 09 / 12 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 304462.73 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expend | tures | | 77.30 |
| | | | 7 7 |
| (b) SUBTOTAL of Unitemized Independent Expe | nditures | | • |
| (c) TOTAL Independent Expenditures | | | · |
| | didate or authorized | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 09 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | | | |

| Schedule I | E) | itti EXI EITB | | | PAGE 35 OF 124 FOR SE OF FORM 24/48 |
|--------------------|--|---------------------|-----------------------|------------------|--|
| | DMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women S | Speak Out PAC | | | | C C00530766 |
| Check if | 24-hour report X 48-hour report | New rep | ort Amends repo | ort filed on | I = M / D = D / Y = Y = Y |
| Full Name | e of Payee | | | Date | of Public Distribution/Dissemination |
| Diane | Smith | | | | 09 12 2014 |
| Mailing A | ddress 4006 Wolkswalk Place | | | Amou | int |
| City | | State | Zip Code | | 23.00 |
| Raleigh | | NC | 27610 | | saction ID : 5f1d1290-4efc-4878-b of Disbursement or Obligation |
| Purpose of Salary | of Expenditure | | Category/ Type 001 | | 09 / 12 / 2014 |
| Name of | Federal Candidate | | Support | Office Sough | nt: House District: 00 |
| Ms. Kay I | Hagan | | Oppose | Presid | NO. |
| | ndar Year-To-Date Election for Office Sought | , ; | 304462.73 | Disbursemer 2014 | nt For: |
| Full Name | e of Payee | | | Date | of Public Distribution/Dissemination |
| Diane | Smith | | | | 00 12 / Y Y Y Y |
| Mailing A | ddress 4006 Wolkswalk Place | | | | 09 12 2014 |
| | 1000 Wolliestalik Flade | | | Amou | unt |
| City | | State | Zip Code | | 7.50 |
| Raleigh | f Formal Property | NC | 27610 | Transa Date | action ID : 122c21e8-5eab-425c-b of Disbursement or Obligation |
| Purpose of Mileage | of Expenditure | | Category/ Type 002 | | 09 / 12 / 2014 |
| Name of | Federal Candidate | | Support | Office Sough | nt: House District: 00 |
| Ms. Kay I | Hagan | | Oppose | Presid | lent Senate State: NC |
| | ndar Year-To-Date Election for Office Sought | 7 | 304462.73 | Disbursemer 2014 | nt For: |
| | | | | | |
| (a) SUBTO | OTAL of Itemized Independent Expendit | ures | | | 30.50 |
| (b) SUBTO | OTAL of Uniternized Independent Expen | nditures | | ·· • | |
| (c) TOTAL | Independent Expenditures | | | ·· • | 7 1 7 1 7 1 |
| with, or at | alty of perjury I certify that the indeper the request or suggestion of, any cand nittee) any political party committee or i | idate or authorized | | | |
| | Ms. Emily Buchanan | [Electron | nically Filed] Date | e 09 | 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signatu | re | | _ | | |

| Schedule E) | INT EXTEND | TTOTILO | PAGE 36 OF 124 FOR SE OF FORM 24/48 |
|--|----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New rep | oort Amends repo | rt filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Timothy Foley | | | 09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 20679 Glenbrook Terrace | | | Amount |
| City | State | Zip Code | 50.00 |
| Sterling | VA | 20165 | Transaction ID: 32ef6d3c-958e-4c16-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 304462.73 | Disbursement For: |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Christopher Marquess | | | 09 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 110 W Pecan St | | | Amount |
| City | State | Zip Code | 55.00 |
| Ville Platte | LA | 70586 | Transaction ID: 089f10fe-51b5-4d90-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 / 12 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 116531.66 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expend | tures | | 105.00 |
| | | | |
| (b) SUBTOTAL of Unitemized Independent Expe | nditures | | > |
| (c) TOTAL Independent Expenditures | | | · |
| | didate or authorized | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 09 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| - | | | |

| · · · · · · · · · · · · · · · · · · · | FOR SE OF FORM 24/48 |
|--|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends report filed | on M M / D D / Y Y Y Y Y |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Christopher Marquess | 09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 110 W Pecan St | Amount |
| City State Zip Code | 37.20 |
| Ville Platte LA 70586 | Transaction ID : 7f71e4be-eee0-4e2c-a Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | 09 / 12 / 2014 |
| Name of Federal Candidate Support Office | Sought: House District: 00 |
| Ms. Mary L Landrieu Oppose | President State: LA |
| Calendar Year-To-Date Per Election for Office Sought Disbu 2014 | rsement For: Primary |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Lee R Carter | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 3110 Brentwood Rd | Amount |
| City State Zip Code | 100.00 |
| Raleigh NC 27604 | Transaction ID: 26852ccc-462d-4b0c-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate Support Office | Sought: House District: 00 |
| Ms. Kay Hagan Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | rrsement For: Primary X General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | 137.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date 0 | 9 15 2014 |
| Signature | |

PAGE

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OF

| Schedule E) | DENT EXPEND | TIONES | PAGE 38 OF 124 FOR SE OF FORM 24/48 |
|---|-----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | rt New rep | port Amends repo | rt filed on |
| Full Name of Payee Lee R Carter | | | Date of Public Distribution/Dissemination |
| Mailing Address 3110 Brentwood Rd | | | 09 12 2014 |
| | | | Amount |
| City | State | Zip Code | 21.30 |
| Raleigh | NC | 27604 | Transaction ID: 53d9bb1f-8ad8-4504-a Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 09 / 12 / Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 304462.73 | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Francis Richardson | | | 09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 220 Doucet Rd | | | Amount |
| City | State | Zip Code | 27.00 |
| Lafayette | LA | 70503 | Transaction ID : d13ba430-8334-438c-a Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 116531.66 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expe | enditures | | 48.30 |
| (a) colling of nomizod mappingon zapo | , idital o | | 10.00 |
| (b) SUBTOTAL of Unitemized Independent Ex | penditures | | > |
| (c) TOTAL Independent Expenditures | | | • |
| | andidate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 09 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| - | | | |

| So | chedule E) | OnLS | PAGE 39 OF 124 FOR SE OF FORM 24/48 |
|----|---|-----------------------|---|
| | AME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| ٧ | Vomen Speak Out PAC | | C C00530766 |
| Ch | neck if 24-hour report X 48-hour report | t Amends report | filed on M = M / D = D / Y = Y = Y |
| | Full Name of Payee Francis Richardson | | Date of Public Distribution/Dissemination |
| | Mailing Address 220 Doucet Rd | | 09 12 2014 Amount |
| | City State Z | ip Code | 3.03 |
| | | 70503 | Transaction ID : 6d41bc9a-6960-47c8-8 Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage | Category/ Type 002 | 09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Name of Federal Candidate | Support C | Office Sought: House District: 00 |
| | Ms. Mary L Landrieu | X Oppose | President Senate State: LA |
| | Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: Primary General Other (specify) ▶ |
| | Full Name of Payee | | Date of Public Distribution/Dissemination |
| | David Ford | | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Mailing Address 106 Hillside St | | Amount |
| | City State Z | Zip Code | 130.00 |
| | - F - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | 28160 | Transaction ID : 8eefa4a5-3f47-4f3c-a Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary | Category/ Type 001 | 09 / 12 / 2014 |
| | Name of Federal Candidate | Support | Office Sought: House District: 00 |
| | Ms. Kay Hagan | Oppose | President Senate State: NC |
| | Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: Primary |
| | | | |
| | (a) SUBTOTAL of Itemized Independent Expenditures |] | 133.03 |
| | (b) SUBTOTAL of Unitemized Independent Expenditures | | |
| | (c) TOTAL Independent Expenditures | | |
| | Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent. | | |
| | Ms. Emily Buchanan [Electronical Signature | ally Filed] Date | 09 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | | | |

| Schedule E) | INT EXTEND | HONES | <u> </u> | PAGE 40 OF 124 FOR SE OF FORM 24/48 |
|--|----------------------|-----------------------|------------------------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDE | NTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | Cc | 00530766 |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | rt filed on | D = D / Y = Y = Y |
| Full Name of Payee | | | Date of Public | Distribution/Dissemination |
| David Ford | | | M M / | 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 106 Hillside St | | | Amount | |
| City | State | Zip Code | | 49.47 |
| Spindale | NC | 28160 | | : 62815c1a-470e-4ae6-8 sement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | M M / | 12 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | President X | |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 304462.73 | Disbursement For: 2014 Other (spec | Primary |
| Full Name of Payee | | | Date of Public | Distribution/Dissemination |
| Stephanie L Heun | | | M = M / | 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 8026 S Wilwood Dr Apt 101 | | | Amount | |
| City | State | Zip Code | | 50.00 |
| Oak Creek | WI | 53154 | | : 976adbcb-6968-42e2-a sement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 | 12 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | Oppose | President X | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 304462.73 | Disbursement For: 2014 Other (spe | Primary |
| (a) SUBTOTAL of Itemized Independent Expend | tures | | | 99.47 |
| (b) SUBTOTAL of Unitemized Independent Expe | ndituras | | | |
| (b) SOBTOTAL OF Officernized independent Expe | natures | | - | 7 7 |
| (c) TOTAL Independent Expenditures | | | • | 7 |
| Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or | didate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 09 / 15 | 2014 |
| • | | | | |

| Schedule E) | PAGE 41 OF 124 FOR SE OF FORM 24/48 |
|--|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New | report Amends report filed on M M / D D / Y Y Y Y Y |
| Full Name of Payee Bradley K Kissinger | Date of Public Distribution/Dissemination |
| Mailing Address 3113 Imperial Valley Dr. | 09 12 2014 Amount |
| | |
| City State Little Rock AR | Zip Code 20.00 72212 Transaction ID: 623c3902-d910-4262-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support Office Sought: House District:00 |
| Mr. Mark L Pryor | ✓ Oppose ☐ President ✓ Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 92637.65 Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| Full Name of Payee Bradley K Kissinger | Date of Public Distribution/Dissemination |
| Mailing Address 3113 Imperial Valley Dr. | 09 12 2014 Amount |
| | |
| City State Little Rock AR | 72212 Transaction ID : 4b01e577-fdba-49d5-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 09 / 12 / 2014 |
| Name of Federal Candidate | Support Office Sought: House District: 00 |
| Mr. Mark L Pryor | Oppose President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 92637.65 Disbursement For: Primary General 2014 Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | 36.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | ······································ |
| | ures reported herein were not made in cooperation, consultation, or concert rized committee or agent of either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan [Elec | etronically Filed] Date 09 15 2014 |

| Schedule E) | NOTIONEO | PAGE 42 OF 124 FOR SE OF FORM 24/48 |
|--|------------------------|---|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report X 48-hour report New | report Amends report f | filed on |
| Full Name of Payee Nicole N Ball | | Date of Public Distribution/Dissemination |
| Mailing Address 2528 Mill Creek Rd | | 09 12 2014 Amount |
| City State | Zip Code | 15.00 |
| Newport NC | 28570 | Transaction ID : d1f4d93b-42d4-443f-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support O | office Sought: House District: 00 |
| Ms. Kay Hagan | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | on the displacement in th |
| Full Name of Payee | | Date of Public Distribution/Dissemination |
| Nicole N Ball | | 09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 2528 Mill Creek Rd | | Amount |
| City State | Zip Code | 10.80 |
| Newport NC | 28570 | Transaction ID : bf02033f-3f08-4fb5-a Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support C | Office Sought: House District: 00 |
| Ms. Kay Hagan | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | Other (specify) Primary General Other (specify) |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 25.80 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | |
| (S) CODICIAL OF CHIROMEZON MOOPENDONE EXPENDITURES | | 4 |
| (c) TOTAL Independent Expenditures | | |
| Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent. | | |
| | tronically Filed] Date | 09 15 2014 |
| Signature | | |

| Schedule E) | | PAGE 43 OF 124 FOR SE OF FORM 24/48 |
|---|-------------------------------|--|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report X 48-hour report Ne | ew report Amends report filed | d on |
| Full Name of Payee Lucas H Hoyle | | Date of Public Distribution/Dissemination |
| Mailing Address 282 Falls Ave | | 09 12 2014 Amount |
| | | Allouit |
| City State | Zip Code | 30.00 |
| Granite Falls NC | 28630 | Transaction ID : 1d1ca8a3-3843-4d11-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support Offic | e Sought: House District: 00 |
| Ms. Kay Hagan | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 304462.73 Disb 2014 | ursement For: Primary |
| Full Name of Payee | | Date of Public Distribution/Dissemination |
| Lucas H Hoyle | | 09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 282 Falls Ave | | |
| | | Amount |
| City State | Zip Code | 16.20 |
| Granite Falls NC | 28630 | Transaction ID: 923a0a8d-7df4-49e7-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 | 09 / 12 / Y Y Y Y Y Y |
| Name of Federal Candidate | Support Office | ee Sought: House District: 00 |
| Ms. Kay Hagan | X Oppose | President State: NC State: |
| Calendar Year-To-Date Per Election for Office Sought | 304462.73 Disb 2014 | oursement For: Primary General Other (specify) |
| | · | |
| (a) SUBTOTAL of Itemized Independent Expenditures | ····· | 46.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ····· | |
| (c) TOTAL Independent Expenditures | > | |
| Under penalty of perjury I certify that the independent expen- with, or at the request or suggestion of, any candidate or auth party committee) any political party committee or its agent. | | |
| | Clectronically Filed] Date | 09 15 2014 |
| Signature | | |

| Schedule E) | = /(1 = | | | PAGE 44 OF 124 FOR SE OF FORM 24/48 |
|--|----------------|-----------------------|-----------------------|---|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report X 48-hour report | X New repo | ort Amends repo | ort filed on | M / D D / Y Y Y Y Y |
| Full Name of Payee David M Bozeman | | | | of Public Distribution/Dissemination |
| Mailing Address 768 Pine Haven Drive | | | M | 09 / 12 / 2014 |
| | | | Amou | nt |
| 1 7 | State | Zip Code | | 22.50 |
| Fayetteville | NC | 28306 | | action ID: c5bb3bbe-be9e-4f2c-b of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | М | 09 12 7 2014 |
| Name of Federal Candidate | | Support | Office Sough | t: House District: 00 |
| Ms. Kay Hagan | | X Oppose | Preside | NO. |
| Calendar Year-To-Date Per Election for Office Sought | 3 | 304462.73 | Disbursemen 2014 O | t For: Primary |
| Full Name of Payee | | | Date | of Public Distribution/Dissemination |
| David M Bozeman | | | IV | 09 12 2014 |
| Mailing Address 768 Pine Haven Drive | | | Amou | |
| | | | | |
| City Fayetteville | State NC | Zip Code 28306 | Transa | 3.00 action ID : 9919242b-21d1-4201-8 |
| Purpose of Expenditure | | | Date | of Disbursement or Obligation |
| Mileage | | Category/ Type 002 | | 09 / 12 / 2014 |
| Name of Federal Candidate | | Support | Office Sough | nt: House District: 00 |
| Ms. Kay Hagan | | X Oppose | Preside | ent Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 304462.73 | Disbursemen 2014 O | nt For: Primary X General Other (specify) ▶ |
| _ | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures. | | | • | 25.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditure | es | | | 71717 |
| (c) TOTAL Independent Expenditures | | | • | 7 7 |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac | or authorized | | | |
| Ms. Emily Buchanan | [Electron | nically Filed] Date | 9 09 | 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | | _ | | |

| , | FOR SE OF FORM 24/48 |
|---|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends report file | ed on Mam / Dab / Yayayay |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Ashley n Thompson | 09 12 2014 |
| Mailing Address 272 Westgate Ct Apt 6 | Amount |
| City State Zip Code | 12.10 |
| Lexington NC 27295 | Transaction ID : 3f06ac09-cc0f-40b6-b Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate Support Offi | ce Sought: House District:00 |
| Ms. Kay Hagan Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought Disl 201 | bursement For: Primary |
| Full Name of Payee | |
| Ashley n Thompson | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 272 Westgate Ct Apt 6 | Amount |
| City State Zip Code | 3.60 |
| Lexington NC 27295 | Transaction ID : f46815dc-69dd-485f-b Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | 09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate Support Offi | ice Sought: House District: 00 |
| Ms. Kay Hagan Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought Dis 201 | bursement For: Primary General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | 15.70 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date | 09 15 2014 |
| Signature | |

PAGE

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OF

| Scl | hedule E) | PAGE 46 OF 124 FOR SE OF FORM 24/48 |
|-----|--|--|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| W | omen Speak Out PAC | C C00530766 |
| Che | eck if 24-hour report X 48-hour report New report Amends report filed o | n M = M / D = D / Y = Y = Y |
| Т | Full Name of Payee | Date of Public Distribution/Dissemination |
| | Randy G Lookabill | 09 12 2014 |
| Ĭ | Mailing Address 200 Carawood Lane | Amount |
| I | City State Zip Code | 12.10 |
| | Lexington NC 27295 | Transaction ID : 9fcc424c-efbd-4092-b Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Ì | Name of Federal Candidate Support Office S | Sought: House District: 00 |
| | Ms Kay Hagan | President Senate State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disburs 2014 | sement For: Primary X General Other (specify) ▶ |
| Γ | | Date of Public Distribution/Dissemination |
| | Cynthia Stewart | M M / D D / Y Y Y Y Y |
| 1 | Mailing Address 3001 Pendell Lane | 09 12 2014 |
| Ĭ | - 00011 Chach Lanc | Amount |
| ľ | City State Zip Code | 50.00 |
| | | ransaction ID : bae6a786-ff94-4ee1-9 Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 09 / 12 / 2014 |
| ľ | Name of Federal Candidate Support Office 9 | Sought: House District: 00 |
| L | Mr. Mark L Pryor Oppose | President Senate State: AR |
| | Calendar Year-To-Date Per Election for Office Sought Disburs 2014 | sement For: |
| | · | |
| (a | (a) SUBTOTAL of Itemized Independent Expenditures | 62.10 |
| (I | (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (0 | (c) TOTAL Independent Expenditures | |
| W | Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent. | |
| | Ms. Emily Buchanan [Electronically Filed] Date 09 | 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Signature | |

| Schedule E) | IVI EXI EIVE | ATTOTILES | PAGE 47 OF 124 FOR SE OF FORM 24/48 |
|--|-------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New re | port Amends repo | ort filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Cynthia Stewart | | | 09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 3001 Pendell Lane | | | Amount |
| City | State | Zip Code | 6.60 |
| Ft. Smith | AR | 72901 | Transaction ID : 5241491b-fb5c-450a-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Mr. Mark L Pryor | | X Oppose | President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 92637.65 | Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Vonniqua Jackson | | | 09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 111 Westchester Blvd | | | Amount |
| Apt D4 | | | |
| City Slidell | State LA | Zip Code 70458 | 50.00 Transaction ID: 8ecf612a-ccd9-47fd-a |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Disbursement or Obligation 09 12 2014 |
| Name of Federal Candidate | | | |
| Ms. Mary L Landrieu | | Support Oppose | Office Sought: House District: 00 President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 116531.66 | Disbursement For: Primary General 2014 |
| | | | Other (specify) - |
| (a) SUBTOTAL of Itemized Independent Expenditu | ıres | | 56.60 |
| (b) SUBTOTAL of Unitemized Independent Expendent | ditures | | · |
| (c) TOTAL Independent Expenditures | | | · |
| Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it | date or authorize | | |
| Ms. Emily Buchanan Signature | [Electro | nically Filed] Date | 09 15 2014 |
| - 3 | | | |

| Schedule E) | II EXI END | TOTILO | | PAGE 48 OF 124 FOR SE OF FORM 24/48 |
|---|-------------------|-----------------------|-----------------------------|---|
| NAME OF COMMITTEE (In Full) | | | FE | C IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | C00530766 |
| Check if 24-hour report X 48-hour report | New rep | ort Amends repo | rt filed on | / D = D / Y = Y = Y |
| Full Name of Payee | | | Date of F | Public Distribution/Dissemination |
| Brooke A Gilham | | | M 09 | 12 / 2014 |
| Mailing Address 168 Graduate Lane Apt 324 | | | Amount | |
| City | State | Zip Code | | 85.00 |
| Boone | NC | 28607 | | ion ID : f8124f68-1360-4640-9 Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 | 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | President | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 3 | 304462.73 | Disbursement For 2014 Other | or: |
| Full Name of Payee | _ | | Date of F | Public Distribution/Dissemination |
| Brooke A Gilham | | | M 09 | |
| Mailing Address 168 Graduate Lane Apt 324 | | | Amount | 12 2014 |
| | | | | |
| City Boone | State NC | Zip Code 28607 | | 35.70 on ID : 14c03e07-ac5f-48ac-b |
| Purpose of Expenditure | | Category/ 002 | Date of L | Disbursement or Obligation |
| Mileage | | Type 002 | 09 | 12 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Ms. Kay Hagan | | Oppose | President | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 304462.73 | Disbursement For 2014 Othe | or: |
| _ | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditure | es | | · | 120.70 |
| (b) SUBTOTAL of Unitemized Independent Expend | itures | | · • | 7 7 |
| (c) TOTAL Independent Expenditures | | | • | 7 1 7 1 7 |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its | ate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | | 15 2014 |
| Signaturo | | | | |

| Sch | nedule E) | W m | 1101120 | | | | PAGE 49 FOR SE OF F | OF 124 FORM 24/48 |
|-----|--|------------|-------------------|-----------|-------------------|---------------------|----------------------------------|----------------------|
| | ME OF COMMITTEE (In Full) | | | | | FEC ID | DENTIFICATION | |
| W | omen Speak Out PAC | | | | | С | C00530766 | |
| Che | ck if 24-hour report X 48-hour report | New repo | ort Am | ends repo | ort filed on | M = M / | D D / | Y W Y W Y |
| Τ | Full Name of Payee Thomas Dias | | | | Da | | c Distribution/D | |
| | Mailing Address 110 Maryella Dr | | | | | 09 | 12 | 2014 |
| | 5 TTO Maryella Di | | | | An | nount | | |
| | City State | Э | Zip Code | | | | | 40.00 |
| L | Searcy AR | | 72143 | | | | ID: f53f3424-2 ursement or Ob | |
| | Purpose of Expenditure Salary | | Category/ Type | 001 | | 09 | 12 | 2014 |
| | Name of Federal Candidate | | | Support | Office So | ught: | House D | istrict: 00 |
| | Mr. Mark L Pryor | | X | Oppose | Pre | sident | Senate | State: AR |
| | Calendar Year-To-Date Per Election for Office Sought | , | 92637.65 | | Disburser 2014 | ment For: Other (sp | Primary Decify) ▶ | General |
| Γ | Full Name of Payee Thomas Dias | | | | Da | ate of Public | c Distribution/E | Dissemination |
| | THOMAS DIAS | | | | | M M M M | 12 / | 2014 |
| | Mailing Address 110 Maryella Dr | | | | Ar | nount | | |
| ┢ | City State | e. | Zip Code | | — г | | | 47.10 |
| | Searcy AR | | 72143 | | Tra | nsaction II | D: a48fb207-4 | 812-4948-8 |
| | Purpose of Expenditure Mileage | | Category/ Type | 002 | | 09 | 12 | 2014 |
| | Name of Federal Candidate | | | Support | Office So | ught: | House D | istrict: 00 |
| | Mr. Mark L Pryor | | X | Oppose | Pre | esident | Senate | State: AR |
| | Calendar Year-To-Date Per Election for Office Sought | | 92637.6 | 5 | Disburser 2014 | ment For: Other (sp | Primary Decify) ▶ | X General |
| (: | a) SUBTOTAL of Itemized Independent Expenditures | | | | , г | | | 87.10 |
| (6 | 1) SOBTOTAL OF REMIZED INDEPENDENT EXPENDITURES | | | •••••• | | 7 | 7 | 07.10 |
| (k | b) SUBTOTAL of Unitemized Independent Expenditures | | | | · • | | | - |
| (0 | c) TOTAL Independent Expenditures | | | | • | | | |
| W | inder penalty of perjury I certify that the independent expith, or at the request or suggestion of, any candidate or a arty committee) any political party committee or its agent. | authorized | | | | | | |
| | Ms. Emily Buchanan | [Electron | ically Filed] | Date | 09 | / 15 | 2014 | |
| | Signature | | _ | | | | | |

| Schedule E) | PAGE 50 OF 124 FOR SE OF FORM 24/48 |
|---|---|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends report filed | on M = M / D = D / Y = Y = Y = Y |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| James W Blevins | 09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 108 East Clinton St | Amount |
| PO Box 410 | |
| City State Zip Code Salemburg NC 28385 | 30.00 Transaction ID : 3f797546-85ea-4eb5-8 |
| | Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate Support Office | e Sought: House District: 00 |
| Ms. Kay Hagan Oppose | President State: NC |
| Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | rsement For: Primary X General Other (specify) ▶ |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| James W Blevins | 09 12 2014 |
| Mailing Address 108 East Clinton St | Amount |
| PO Box 410 | Amount |
| City State Zip Code | 10.11 |
| Salemburg NC 28385 | Transaction ID : 3d9bbf98-3a97-4d7f-b Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate Support Office | e Sought: House District: 00 |
| Ms. Kay Hagan Oppose | President State: NC State: |
| Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | ursement For: Primary |
| | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 40.11 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date | 9 15 2014 |
| O.g. include | |

| Schedule E) | LITT EXI END | II OILEO | | PAGE 51 OF 124 FOR SE OF FORM 24/48 |
|--|-----------------------|-----------------------|-----------------------------|--|
| NAME OF COMMITTEE (In Full) | | | FE | C IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | ort filed on | / D D / Y Y Y Y Y |
| Full Name of Payee Chris McCoy | | | | ublic Distribution/Dissemination |
| Mailing Address 1025 Cayley Ct | | | 09 | 12 2014 |
| | | | Amount | |
| City | State | Zip Code | | 55.00 |
| High Point | NC | 27260 | | on ID : e1c94f40-b7d5-4738-b isbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 | / 12 / Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | President | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 304462.73 | Disbursement Fo | or: Primary X General · (specify) ▶ |
| Full Name of Payee | | | Date of P | Public Distribution/Dissemination |
| Chris McCoy | | | 09 | / D D / Y Y Y Y Y Y Y 12 2014 |
| Mailing Address 1025 Cayley Ct | | | Amount | |
| City | State | Zip Code | | 15.60 |
| High Point | NC | 27260 | Transaction Date of D | on ID : 6bc21c5f-b94a-4ece-a Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 09 | |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | Oppose | President | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 304462.73 | Disbursement For 2014 Other | or: Primary X General r (specify) ► |
| (a) CURTOTAL of Itamized Independent Even | adituwa a | | | 70.00 |
| (a) SUBTOTAL of Itemized Independent Expen | altures | | • | 70.60 |
| (b) SUBTOTAL of Unitemized Independent Exp | enditures | | · • | 7 1 7 1 7 |
| (c) TOTAL Independent Expenditures | | | · | 7 1 7 1 7 |
| Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of | ndidate or authorized | | | |
| Ms. Emily Buchanan | [Electron | nically Filed] Date | | 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | | _ | | |

| Schedule E) | | TIONES | PAGE 52 OF 124 FOR SE OF FORM 24/48 |
|--|---------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | X New rep | port Amends repo | rt filed on |
| Full Name of Payee Danielle McCoy | | | Date of Public Distribution/Dissemination |
| Mailing Address 1025 Cayley Ct | | | 09 12 2014 Amount |
| City | State | Zip Code | 115.00 |
| High Point | NC | 27260 | Transaction ID : 338332a0-fbbe-4df8-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | .,, | 304462.73 | Disbursement For: Primary General 2014 Other (specify) ▶ |
| Full Name of Payee Danielle McCoy | | | Date of Public Distribution/Dissemination |
| Mailing Address 1025 Cayley Ct | | | 09 12 2014 Amount |
| City | State | Zip Code | 21.00 |
| High Point | NC | 27260 | Transaction ID : 418318b0-a4fc-4af2-b Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 09 / 12 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 304462.73 | Disbursement For: Primary General 2014 General |
| (a) SUBTOTAL of Itemized Independent Expend | itures | | 136.00 |
| (b) SUBTOTAL of Unitemized Independent Expe | nditures | | |
| (c) TOTAL Independent Expenditures | | | |
| | | | |
| | didate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan | [Electro | nically Filed] Date | 09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | | | |

| , | | | | FOR SE OF FORM 24/48 |
|---|-------------------------|-----------------------|---------------------|---|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report X 48-hour rep | port New repo | ort Amends repo | | M / D D / Y B Y B Y |
| Full Name of Payee | | | Date | of Public Distribution/Dissemination |
| Eleanor McCoy | | | | 09 12 2014 |
| Mailing Address 4902 Catawba Dr | | | Amou | nt |
| City | State | Zip Code | $-\Gamma$ | 110.00 |
| Greensboro | NC | 27407 | | saction ID: 11c3c7cb-b446-45ae-b of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | | 09 / 12 / 2014 |
| Name of Federal Candidate | | Support | Office Sough | it: House District:00 |
| Ms. Kay Hagan | | X Oppose | Preside | ent Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 3 | 04462.73 | Disbursemer 2014 | nt For: Primary ⊠ General |
| Full Name of Payee Eleanor McCoy Mailing Address 4902 Catawba Dr | | | | of Public Distribution/Dissemination 09 12 2014 |
| City | State | Zip Code | — I | 21.90 |
| Greensboro | NC | 27407 | | action ID: 8e9ff0c0-502b-4ac7-8 of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | 09 / 12 / 2014 |
| Name of Federal Candidate | | Support | Office Sough | nt: House District: 00 |
| Ms. Kay Hagan | | X Oppose | Presid | ent Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 304462.73 | Disbursemer 2014 | nt For: Primary |
| (a) SUBTOTAL of Itemized Independent Ex | penditures | | • | 131.90 |
| (b) SUBTOTAL of Unitemized Independent | Expenditures | | · • | 7 1 7 1 7 |
| (c) TOTAL Independent Expenditures | | | • | 7 1 7 1 7 |
| Under penalty of perjury I certify that the ir with, or at the request or suggestion of, any party committee) any political party committee | candidate or authorized | | | |
| Ms. Emily Buchanan | [Electroni | cally Filed] Date | 9 09 | 15 / 2014 |
| Signature | | | | |

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OF

| Sched | dule E) | , L /(1 L.(2. | | | PAGE 54 OF 124 FOR SE OF FORM 24/48 |
|---------|--|----------------------|-----------------------|-------------------------|---|
| | OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Won | nen Speak Out PAC | | | | C C00530766 |
| Check i | if 24-hour report X 48-hour report | New repo | ort Amends repo | ort filed on | M / D D / Y Y Y Y Y |
| | I Name of Payee eanne Tribou | | | | f Public Distribution/Dissemination |
| Mai | iling Address 22369 Ponderosa Dr. | | | — L | 09 12 2014 |
| | | | | Amour | |
| City | | | Zip Code | | 50.00 |
| Ма | andeville | LA | 70471 | | action ID: f394deb7-09bf-45e4-8 f Disbursement or Obligation |
| | rpose of Expenditure alary | | Category/ Type 001 | М | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Nar | me of Federal Candidate | | Support | Office Sought | : House District:00 |
| Ms | s. Mary L Landrieu | | X Oppose | Preside | |
| | Calendar Year-To-Date Per Election for Office Sought | , 1 | 16531.66 | Disbursement 2014 Ot | For: Primary ⊠ General her (specify) ▶ |
| Full | Name of Payee | | | Date o | of Public Distribution/Dissemination |
| J€ | eanne Tribou | | | | 09 12 2014 |
| Ма | illing Address 22369 Ponderosa Dr. | | | | |
| | | | | Amour | nt |
| City | у | State | Zip Code | | 9.30 |
| | andeville | LA | 70471 | Transa Date o | ction ID : c858f62d-bdcd-49f7-a of Disbursement or Obligation |
| | rpose of Expenditure ileage | | Category/ Type 002 | M | 09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Nai | me of Federal Candidate | | Support | Office Sought | : House District: 00 |
| Ms | s. Mary L Landrieu | | X Oppose | Preside | nt Senate State: LA |
| | Calendar Year-To-Date Per Election for Office Sought | | 116531.66 | Disbursement 2014 Of | For: Primary X General |
| | | | | | |
| (a) \$ | SUBTOTAL of Itemized Independent Expenditures | s | | • | 59.30 |
| (b) \$ | SUBTOTAL of Unitemized Independent Expenditu | ures | | • | |
| (c) 1 | TOTAL Independent Expenditures | | | • | 7 |
| with, | er penalty of perjury I certify that the independer or at the request or suggestion of, any candidat committee) any political party committee or its a | te or authorized | | | |
| | Ms. Emily Buchanan | [Electron | ically Filed] Date | 09 | 15 2014 |
| S | Signature | | _ | | |

| | | FOR SE OF FORM 24/48 |
|-----|--|--|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| ۷۷ | omen Speak Out PAC | C C00530766 |
| Che | eck if 24-hour report X 48-hour report New report Amends report filed | on M M / D D / Y Y Y Y Y |
| Т | Full Name of Payee | Date of Public Distribution/Dissemination |
| | John P Hilkert | 09 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Mailing Address 7 Bards Lane | Amount |
| ŀ | City State Zip Code | 82.50 |
| | Fletcher NC 28732 | Transaction ID : d0ad87e7-332e-4e20-b Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 09 / 12 / 2014 |
| Ì | Name of Federal Candidate Support Office | Sought: House District: 00 |
| | Ms Kay Hagan | President Senate State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disbur 2014 | sement For: Primary |
| ŀ | Full Name of Payee | |
| | John P Hilkert | Date of Public Distribution/Dissemination 09 12 2014 |
| | Mailing Address 7 Bards Lane | Amount |
| | City State Zip Code | 7.80 |
| | · | Transaction ID : f6c8dc6c-ec4b-48c2-b Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | 09 12 / 2014 |
| ľ | Name of Federal Candidate Support Office | Sought: House District: 00 |
| | Ms. Kay Hagan Oppose | President Senate State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | rsement For: Primary X General Other (specify) ▶ |
| (| (a) SUBTOTAL of Itemized Independent Expenditures | 90.30 |
| (| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (| (c) TOTAL Independent Expenditures | |
| ١ | Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent. | |
| | Ms. Emily Buchanan [Electronically Filed] Date 09 | M / D D / Y B Y B Y B Y B Y B Y B Y B Y B Y B Y |
| | Signature | |

PAGE

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OF

| Schedule E) | INT EXTEND | TIONES | PAGE 56 OF 124 FOR SE OF FORM 24/48 |
|--|---------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | X New rep | port Amends repo | rt filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| James Tatro | | | 09 / 12 / 2014 |
| Mailing Address 1208 Braeburn Rd | | | Amount |
| City | State | Zip Code | 70.00 |
| Charlotte | NC | 28211 | Transaction ID : 93346ef7-57aa-42b2-b Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District:00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 304462.73 | Disbursement For: Primary General Q014 Gther (specify) ▶ |
| Full Name of Payee | <u> </u> | | Date of Public Distribution/Dissemination |
| James Tatro | | | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 1208 Braeburn Rd | | | Amount |
| City | State | Zip Code | 5.40 |
| Charlotte | NC | 28211 | Transaction ID: f7dc0e13-854f-4ec9-a Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 09 / 12 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 304462.73 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expend | tures | | 75.40 |
| | | | |
| (b) SUBTOTAL of Unitemized Independent Expe | nditures | | > |
| (c) TOTAL Independent Expenditures | | | · • |
| | didate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| - 3 | | | |

| Scl | hedule E) | 1011 01120 | PAGE 57 OF 124 FOR SE OF FORM 24/48 |
|-----|--|------------------------|--|
| | ME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| W | omen Speak Out PAC | | C C00530766 |
| Che | eck if 24-hour report X 48-hour report New r | report Amends report | rt filed on |
| T | Full Name of Payee Xavier Miller | | Date of Public Distribution/Dissemination |
| - | Mailing Address 407 randall Dr | | 09 12 2014 Amount |
| - | City State | Zin Codo | 70.00 |
| Ĭ | City State Searcy AR | Zip Code 72143 | 70.00 Transaction ID : 9d3431d3-b0fc-4f3a-b Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary | Category/ Type 001 | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| l | Name of Federal Candidate | Support | Office Sought: House District: 00 |
| | Mr. Mark L Pryor | X Oppose | President Senate State: AR |
| | Calendar Year-To-Date Per Election for Office Sought | 92637.65 | Disbursement For: Primary General 2014 Other (specify) ▶ |
| | Full Name of Payee Xavier Miller | | Date of Public Distribution/Dissemination 09 12 2014 |
| | Mailing Address 407 randall Dr | | Amount |
| | City State | Zip Code | 45.00 |
| | Searcy AR | 72143 | Transaction ID: 0797a2fd-d001-4323-9 Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage | Category/ Type 002 | 09 / 12 / Y Y Y Y Y |
| | Name of Federal Candidate | Support | Office Sought: House District: 00 |
| | Mr. Mark L Pryor | X Oppose | President Senate State: AR |
| | Calendar Year-To-Date Per Election for Office Sought | 92637.65 | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| (| (a) SUBTOTAL of Itemized Independent Expenditures | | 115.00 |
| (| (b) SUBTOTAL of Unitemized Independent Expenditures | | |
| (| (c) TOTAL Independent Expenditures | | > |
| W | Under penalty of perjury I certify that the independent expenditur vith, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent. | | |
| | | tronically Filed] Date | 09 15 2014 |
| | Signature | | |

| Schedule E) | TOLITI EM EILE. | 101120 | | PAGE 58 OF 124 FOR SE OF FORM 24/48 |
|--|-------------------------|-----------------------|---------------------------------|---|
| NAME OF COMMITTEE (In Full) | | | FEC I | DENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | C00530766 |
| Check if 24-hour report X 48-hour rep | ort New repo | ort Amends repo | ort filed on | / D = D / Y = Y = Y |
| Full Name of Payee Christine Stevens | | | M - M | ic Distribution/Dissemination |
| Mailing Address 100 Asbury Ct | | | Amount | 12 2014 |
| City | State | Zip Code | | 70.00 |
| Winchester | VA | 22602 | | ID: 679ff3de-1de7-449d-9 oursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 | 12 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 3 | 304462.73 | Disbursement For: 2014 Other (s | Primary |
| Full Name of Payee Jazmine d Conner | | | Date of Publ | lic Distribution/Dissemination |
| Mailing Address 100 ASBURY CT | | | Amount | |
| City | State | Zip Code | | 60.00 |
| WINCHESTER Burness of Expanditure | VA | 22602 | Transaction I Date of Disb | D: 3e3efce4-56ca-446b-a pursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 | 12 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Ms. Kay Hagan | | X Oppose | | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 304462.73 | Disbursement For: 2014 Other (s | Primary X General specify) ► |
| (a) SUBTOTAL of Itemized Independent Exp | oenditures | | > | 130.00 |
| (b) SUBTOTAL of Unitemized Independent I | Expenditures | | · • | 494 |
| (c) TOTAL Independent Expenditures | | | > | 7.1.2.1 |
| Under penalty of perjury I certify that the in- with, or at the request or suggestion of, any party committee) any political party committee | candidate or authorized | | | |
| Ms. Emily Buchanan | [Electron | ically Filed] Date | e 09 / 15 | 2014 |
| Signature | | | | |

| Schedule E) | |) | | PAGE 59 OF 124 FOR SE OF FORM 24/48 |
|--|-------------------|-----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | F | EC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New report | Amends repo | rt filed on | M / D = D / Y = Y = Y |
| Full Name of Payee Jon E Conner | | | Date of | Public Distribution/Dissemination |
| Mailing Address 100 Asbury Ct | | | 0 | 9 12 2014 |
| | | | Amount | |
| 1 ' | • | Code | | 60.00 |
| Winchester | VA 220 | 1602 | | ction ID: 2c657e76-8035-4be6-b Disbursement or Obligation |
| Purpose of Expenditure Salary | Ca | Category/ Type 001 | M | |
| Name of Federal Candidate | I | Support | Office Sought: | House District:00 |
| Ms. Kay Hagan | | Oppose | Presiden | NC NC |
| Calendar Year-To-Date Per Election for Office Sought | 3044 | 462.73 | Disbursement 2014 Oth | For: Primary ☐ General er (specify) ► |
| Full Name of Payee | | | Date of | Public Distribution/Dissemination |
| Rodney O Culbreath | | | | 09 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 100 Asbury Ct | | | | لىنىا لىا ك |
| | | | Amount | |
| City | State Zip | Code | | 70.00 |
| | VA 22 | 2602 | | tion ID : f82c3b19-def9-472f-b Disbursement or Obligation |
| Purpose of Expenditure Salary | Ca | Category/ Type 001 | | 9 / 12 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Ms. Kay Hagan | | X Oppose | Presider | nt Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 3 | 304462.73 | Disbursement 2014 Oth | For: Primary ☐ General ner (specify) ► |
| | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | • | 130.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | s | | • | 4 |
| (c) TOTAL Independent Expenditures | | | · . | 7 |
| Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate of party committee) any political party committee or its age | or authorized cor | | | |
| Ms. Emily Buchanan | [Electronicall | <i>ly Filed]</i> Date | 09 / | 15 2014 |
| Signature | | | | |

| | | FOR SE OF FORM 24/48 |
|---|------------------------------|--|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report X 48-hour report New r | eport Amends report filed or | 1 |
| Full Name of Payee |] | Date of Public Distribution/Dissemination |
| Rodney D Culbreth | | 09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 100 Asbury CT | A | Amount |
| 3200 Dam Neck Rd | | |
| City State Winchester VA | | 60.00 Fransaction ID: a61b5a24-3068-4250-b Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support Office S | Sought: House District: 00 |
| Ms. Kay Hagan | Oppose P | resident Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 304462.73 Disburse 2014 | ement For: Primary ⊠ General Other (specify) ▶ |
| Full Name of Payee Rze Culbreath Mailing Address 100 Asbury Ct | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City State | Zip Code | 60.00 |
| Winchester | | ransaction ID: 62f80261-339a-4ec7-b Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 09 12 2014 |
| Name of Federal Candidate | Support Office S | Sought: House District:00 |
| Ms. Kay Hagan | Oppose P | President State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 304462.73 Disburs 2014 | ement For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | • [| 120.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | · [| |
| (c) TOTAL Independent Expenditures | ····· | |
| Under penalty of perjury I certify that the independent expenditur with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent. | | |
| | onically Filed] Date 09 | 15 2014 |
| Signature | | |

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OF

| Schedule E) | 1 01 11102. 2.1.2 | MI EX. 2.12 | 1101120 | | PAGE 61 OF 124 FOR SE OF FORM 24/48 |
|---|-----------------------------|--------------------|-----------------------|-----------------------|--|
| NAME OF COMMITTEE (In | | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out | PAC | | | | C C00530766 |
| Check if 24-hour report | X 48-hour report | New rep | port Amends repo | ort filed on | M / D D / Y Y Y Y Y |
| Full Name of Payee Ms. Tonya Boyd | | r | | | of Public Distribution/Dissemination |
| Mailing Address 2357 Fa | ancy Cap Rd | | | | 09 12 2014 |
| 2" | | 01-15 | = 0.4- | | 40.00 |
| City Mt. Airy | | State NC | Zip Code 27030 | | 40.00 action ID : 2dc9ab28-f9d0-4ca6-b of Disbursement or Obligation |
| Purpose of Expenditure Salary | | | Category/ Type 001 | | 09 12 7 2014 |
| Name of Federal Candid | late | | Support | Office Sought | : House District: 00 |
| Ms. Kay Hagan | | | Oppose | Preside | NC NC |
| Calendar Year-To-Da Per Election for Offi | | 7 | 304462.73 | Disbursement 2014 Of | t For: Primary |
| Full Name of Payee Ms. Tonya Boyd Mailing Address 2357 | Fancy Cap Rd | | | | of Public Distribution/Dissemination 09 |
| City | | State | Zip Code | - $ $ $ $ $ $ $ $ $ $ | 24.84 |
| Mt. Airy | | NC | 27030 | Transa Date of | ction ID : 55dd8963-624c-430b-9 of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | | Category/ Type 002 | М | 09 / 12 / 2014 |
| Name of Federal Candid | late | | Support | Office Sough | t: House District: 00 |
| Ms. Kay Hagan | | | Oppose | Preside | ent Senate State: NC |
| Calendar Year-To-Da Per Election for Off | | | 304462.73 | Disbursement 2014 O | t For: Primary X General ther (specify) ▶ |
| (a) SUBTOTAL of Itemize | ed Independent Expenditu | ures | | | 64.84 |
| (b) SUBTOTAL of Uniter | nized Independent Expendent | ditures | | ·· • | 7 7 7 |
| (c) TOTAL Independent E | Expenditures | | | ·· • | 7 |
| | suggestion of, any candi- | date or authorized | | | ooperation, consultation, or concert the reporting entity is not a political |
| Ms. Emily Bud | chanan | [Electron | nically Filed] Date | e 09 / | 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | | | | | |

| | include Ly | FOR SE OF FORM 24/48 |
|----|---|--|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| V | Vomen Speak Out PAC | C C00530766 |
| Ch | eck if 24-hour report X 48-hour report New report Amends report filed | I on M = M / D = D / Y = Y = Y |
| | Full Name of Payee | Date of Public Distribution/Dissemination |
| | Earl Stewart | 09 12 2014 |
| | Mailing Address 9455 Snow Camp Road | Amount |
| | City State Zip Code | 55.00 |
| | Snowcamp NC 27349 | Transaction ID : d1bb1b4e-08d3-495f-8 Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 09 / 12 / Y 2014 |
| | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | Ms. Kay Hagan Oppose | President State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disbt 304462.73 Disbt 2014 | ursement For: Primary X General |
| | Per Liection for Office Sought | Other (specify) |
| | Full Name of Payee Earl Stewart | Date of Public Distribution/Dissemination |
| | Mailing Address 9455 Snow Camp Road | 09 12 2014 Amount |
| | City State Zip Code | 7.80 |
| | Snowcamp NC 27349 | Transaction ID : 35920fd7-b97a-4bbe-9 Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | 09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Name of Federal Candidate Support Offic | e Sought: House District: 00 |
| | Ms. Kay Hagan Oppose | President State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disb 2014 | ursement For: Primary |
| | (a) SUBTOTAL of Itemized Independent Expenditures | 62.80 |
| | (b) SUBTOTAL of Unitemized Independent Expenditures | |
| | (c) TOTAL Independent Expenditures | |
| | Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent. | |
| | | 09 15 2014 |
| | Signature | |
| | | |

PAGE 62

OF

| Schedule E) | LIVI EXI END | ITOTILO | PAGE 63 OF FOR SE OF FORM 24/ | 124 ′48 |
|--|-----------------------|-----------------------|--|------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER | ER▼ |
| Women Speak Out PAC | | | C C00530766 | |
| Check if 24-hour report X 48-hour report | New rep | ort Amends repo | rt filed on | Y |
| Full Name of Payee | | | Date of Public Distribution/Disseminat | tion |
| Shanon Snyder | | | 09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | Y |
| Mailing Address 2701 Winifred | | | Amount | |
| City | State | Zip Code | 30 | .00 |
| Metairie | LA | 70003 | Transaction ID: b63d80e1-8d39-46b Date of Disbursement or Obligation | a-b |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| Name of Federal Candidate | | Support | Office Sought: House District: | 00 |
| Ms. Mary L Landrieu | | X Oppose | President State: | LA |
| Calendar Year-To-Date Per Election for Office Sought | , , | 116531.66 | Disbursement For: Primary X Ge 2014 Other (specify) ▶ | neral |
| Full Name of Payee | | | Date of Public Distribution/Dissemina | tion |
| Shanon Snyder | | | 09 / D D / Y Y Y 12 2014 | |
| Mailing Address 2701 Winifred | | | Amount | |
| City | State | Zip Code | 6.0 | 00 |
| Metairie | LA | 70003 | Transaction ID: 27a02404-4c5a-4001 Date of Disbursement or Obligation | -a |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 09 / 12 / Y 2014 | Y |
| Name of Federal Candidate | | Support | Office Sought: House District: | 00 |
| Ms. Mary L Landrieu | | Oppose | President State: | LA |
| Calendar Year-To-Date Per Election for Office Sought | | 116531.66 | Disbursement For: Primary | eneral |
| (a) SUBTOTAL of Itemized Independent Expen | ditures | | 36.00 | |
| | | | 7 7 | |
| (b) SUBTOTAL of Unitemized Independent Exp | enditures | | · | |
| (c) TOTAL Independent Expenditures | | | · · · · · · · · · · · · · · · · · · · | |
| Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of | ndidate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | 09 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| - | | | | |

| Schedule E) | PAGE 64 OF 124 FOR SE OF FORM 24/48 |
|--|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amer | ends report filed on M M / D D / Y Y Y Y Y |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Eric J Smith | 09 / 13 / 2014 |
| Mailing Address 4967 Dysartville | Amount |
| City State Zip Code | 80.00 |
| Morganton NC 28655 | Transaction ID: 03fd1a00-daec-4bf0-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type | 001 09 / 13 / 2014 |
| Name of Federal Candidate | upport Office Sought: House District: 00 |
| Ma Kasallanaa | ppose President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | Disbursement For: Primary General 2014 Other (specify) ▶ |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Jennifer E Smith | M M / D D / Y Y Y Y |
| Mailing Address 4967 Dysartsville Rd | 09 13 2014 |
| 4307 Dysaltsville Nu | Amount |
| City State Zip Code | 80.00 |
| Morganton NC 28655 | Transaction ID : b581f96a-4aa5-406e-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type | 001 |
| Name of Federal Candidate Su | Support Office Sought: House District: 00 |
| Ms. Kay Hagan | |
| Calendar Year-To-Date Per Election for Office Sought 304462.73 | Disbursement For: Primary X General 2014 Other (specify) ▶ |
| | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 160.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | ······································ |
| Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] | Date 09 15 2014 |
| Signature | |

| | -1 | FOR SE OF FORM 24/48 |
|----------------------------|--|---|
| | MMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| vvomen | Speak Out PAC | C C00530766 |
| Check if | 24-hour report X 48-hour report New report Amends report filed on | M = M / D = D / Y = Y = Y |
| Full Name | of Payee Date | e of Public Distribution/Dissemination |
| | er E Smith | 09 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing A | Idress 4967 Dysartsville Rd | ount |
| City | State Zip Code | 7.50 |
| Morganto | | nsaction ID : 86478c65-6a1d-44d7-b e of Disbursement or Obligation |
| Purpose of Mileage | f Expenditure Category/ Type 002 | 09 / 13 / 2014 |
| Name of | Federal Candidate Support Office Sou | ght: House District: 00 |
| Ms. Kay I | lagan D | ident X Senate State: NC |
| | ndar Year-To-Date Election for Office Sought Disburseme 2014 | ent For: Primary ⊠ General Other (specify) ▶ |
| Full Name Caleb Mailing A | of Payee Craig Iddress 1410 Bushville drive | te of Public Distribution/Dissemination 9 13 2014 ount |
| City | State Zip Code | 80.00 |
| Lenoir | | saction ID: a73d5477-0209-461d-b te of Disbursement or Obligation |
| Purpose Salary | of Expenditure Category/ Type 001 | 09 / 13 / 2014 |
| Name of | Federal Candidate Support Office Sour | ıght: House District: 00 |
| Ms. Kay | lagan Oppose Pres | sident Senate State: NC |
| | ndar Year-To-Date Election for Office Sought Disburseme 2014 | nent For: |
| (a) SUBTO | TAL of Itemized Independent Expenditures | 87.50 |
| (b) SUBTO | TAL of Unitemized Independent Expenditures | |
| (c) TOTAL | Independent Expenditures | 7 7 7 |
| with, or at | alty of perjury I certify that the independent expenditures reported herein were not made in the request or suggestion of, any candidate or authorized committee or agent of either, or (sittee) any political party committee or its agent. | |
| Cinnat | Ms. Emily Buchanan [Electronically Filed] Date 09 | 15 2014 |
| Signatu | ᡛ | |

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OF

| Schedule E) | ENT EXI END | HONES | PAGE 66 OF 124 FOR SE OF FORM 24/48 |
|--|-----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | rt filed on |
| Full Name of Payee Krystal A Wilson | | | Date of Public Distribution/Dissemination |
| Mailing Address 448 Judson Dr | | | 09 / 13 / 2014 |
| 448 Judson Dr | | | Amount |
| City | State | Zip Code | 30.00 |
| Wake Forest | NC | 27587 | Transaction ID : f2689c0c-4d73-4001-a Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 304462.73 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Krystal A Wilson | | | 09 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 448 Judson Dr | | | Amount |
| City | State | Zip Code | 9.30 |
| Wake Forest | NC | 27587 | Transaction ID: 4ce2ea55-7286-4e46-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 09 / 13 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District:00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | .,., | 304462.73 | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expen- | ditures | | 39.30 |
| (-) - - - - - - - - - - | | | 7 |
| (b) SUBTOTAL of Unitemized Independent Exp | enditures | | > |
| (c) TOTAL Independent Expenditures | | | • |
| | ndidate or authorized | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 09 15 / 2014 |
| • | | | |

| , | | FOR SE OF FORM 24/48 |
|---|---|---|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report X 48-hour report | New report Amends report filed on | M = M / D = D / Y = Y = Y |
| Full Name of Payee Adena V Smith | Da | ate of Public Distribution/Dissemination |
| | | 09 13 2014 |
| Mailing Address 450 Judson Dr | Ar | mount |
| City Stat | e Zip Code | 30.00 |
| Wake Forest NO | | ransaction ID: 6d160385-44d5-4c5b-a ate of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 09 / 13 / 2014 |
| Name of Federal Candidate | Support Office So | ought: House District:00 |
| Ms. Kay Hagan | | esident Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 304462.73 Disburser 2014 | ment For: |
| Full Name of Payee Zachary Vidrine Mailing Address 202 Rue Des Cajun | | ate of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Stat | te Zip Code | 20.00 |
| Ville Platte | 70586 Tra | ansaction ID : 199be321-e5ef-47c3-9 ate of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 09 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support Office So | ought: House District: 00 |
| Ms. Kay Hagan | Oppose Pre | esident Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 304462.73 Disburse 2014 | ment For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | · · · · · · · · · · · · · · · · · · · | 50.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | 1 1 7 1 1 7 1 1 7 1 |
| (c) TOTAL Independent Expenditures | ····· | |
| Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent | authorized committee or agent of either, or | |
| Ms. Emily Buchanan | [Electronically Filed] Date 09 | 15 2014 |
| Signature | | |

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OF

| , | | FOR SE OF FORM 24/48 |
|---|--|---|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report X 48-hour report | New report Amends report filed on | M = M / D = D / Y = Y = Y |
| Full Name of Payee | Di | ate of Public Distribution/Dissemination |
| Zachary Vidrine | | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 202 Rue Des Cajun | A | mount |
| City | rate Zip Code | 11.10 |
| Ville Platte | | ransaction ID: 9c877471-7d24-43e3-b ate of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 | 09 / 13 / 2014 |
| Name of Federal Candidate | Support Office So | ought: House District: 00 |
| Ms. Kay Hagan | | esident X Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 304462.73 Disburse 2014 | ment For: |
| Full Name of Payee Edward N Walker Mailing Address 3 Girard St | | ate of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City S | tate Zip Code | 85.00 |
| Ft Smith | | ansaction ID: 0d00d8dd-a142-4912-8 ate of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 09 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support Office So | ought: House District: 00 |
| Mr. Mark L Pryor | Oppose Pri | esident State: AR State: |
| Calendar Year-To-Date Per Election for Office Sought | 92637.65 Disburse 2014 | ment For: Primary X General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | · · · · · · · · · · · · · · · · · · · | 96.10 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | 3 | |
| (c) TOTAL Independent Expenditures | ······ | |
| Under penalty of perjury I certify that the independent of with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age | or authorized committee or agent of either, or | |
| Ms. Emily Buchanan | [Electronically Filed] Date 09 | 15 / 2014 |
| Signature | | |

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OF

| Schedule E) | | DENT EXTEND | | | PAGE 69 OF 124 FOR SE OF FORM 24/48 |
|-----------------------------|-----------------------------------|-------------------------|-----------------------|---------------------|--|
| NAME OF COMMIT | | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Spea | ak Out PAC | | | | C C00530766 |
| Check if 24-ho | ur report X 48-hour repo | rt New rep | ort Amends repo | ort filed on | = M / D = D / Y = Y = Y |
| Full Name of Pa Edward N | ayee Walker | | | | of Public Distribution/Dissemination |
| Mailing Address | 3 Girard St | | | Amou | 09 13 2014 |
| | | | | / | |
| City | | State | Zip Code | Trans | 11.10 |
| Ft Smith | | AR | 72901 | | action ID: ca3758f2-56c3-4c68-9 of Disbursement or Obligation |
| Purpose of Exp Mileage | enditure | | Category/ Type 002 | | 09 13 / 2014 |
| Name of Federa | al Candidate | | Support | Office Sough | t: House District:00 |
| Mr. Mark L Pryd | or | | Oppose | Preside | ent State: AR |
| | rear-To-Date n for Office Sought | | 92637.65 | Disbursemen 2014 O | t For: Primary X General |
| Full Name of P | ayee | | | | of Public Distribution/Dissemination |
| Laura U Lo | | | | | M |
| Mailing Address | 3 2565 Shire Circle | | | L | 09 13 2014 |
| | 2000 011110 011010 | | | Amou | nt |
| City | | State | Zip Code | | 32.50 |
| Harrisonburg | | VA | 22801 | Transa Date | oction ID: 14d07cd9-7cfa-4859-a of Disbursement or Obligation |
| Purpose of Exp Salary | enditure | | Category/ Type 001 | | 09 / 13 / 2014 |
| Name of Feder | al Candidate | | Support | Office Sough | t: House District:00 |
| Ms. Kay Hagan | | | X Oppose | Preside | ent Senate State: NC |
| | rear-To-Date on for Office Sought | | 304462.73 | Disbursemen 2014 | ther (specify) ▶ |
| - | | | | | |
| (a) SUBTOTAL | of Itemized Independent Expe | enditures | | • | 43.60 |
| (b) SUBTOTAL | of Unitemized Independent E | xpenditures | | · • | 7 1 7 1 7 |
| (c) TOTAL Indep | pendent Expenditures | | | · • | 7 1 7 1 7 |
| with, or at the re | | candidate or authorized | | | cooperation, consultation, or concert the reporting entity is not a political |
| | Emily Buchanan | [Electron | ically Filed] Date | 9 09 | 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | | | | | |

| Schedule E) | 11 = 71 = 112 | 1101120 | | PAGE 70 OF 124 FOR SE OF FORM 24/48 |
|---|--------------------|-----------------------|----------------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEG | C IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | C00530766 |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | ort filed on | / D = D / Y = Y = Y |
| Full Name of Payee Lindsey E Helms | | | Date of Po | ublic Distribution/Dissemination |
| Mailing Address 301 N Clinic Apt 3 | | | 09 Amount | 13 2014 |
| C:a | Ctoto | 7:n Codo | | 80.00 |
| City Searcy | State AR | Zip Code 72143 | | 80.00 on ID : 4812da8b-0701-49b5-9 isbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | Date of Di | |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Mark L Pryor | | Oppose | President | Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 7 1 7 | 92637.65 | Disbursement Fo 2014 Other | r: Primary X General (specify) ▶ |
| Full Name of Payee Lindsey E Helms Mailing Address 301 N Clinic Apt 3 | | | Date of P | ublic Distribution/Dissemination |
| | | | 7 1110 411 | |
| City Searcy | State AR | Zip Code 72143 | Transactio | 63.60 In ID: 7aa9a5d8-d670-497b-9 isbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | Date of D | |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Mark L Pryor | | X Oppose | President | Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 92637.65 | Disbursement Fo | or: |
| (a) SUBTOTAL of Itemized Independent Expenditure | res | | • | 143.60 |
| (b) SUBTOTAL of Unitemized Independent Expend | itures | | · | 4 |
| (c) TOTAL Independent Expenditures | | | · | 7 1 7 1 7 |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its | late or authorized | | | |
| Ms. Emily Buchanan | [Electroi | nically Filed] Date | | 5 2014 |
| Signature | | | | |

| | | FOR SE OF FORM 24/48 |
|---|--|---|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report X 48-hour report | New report Amends report filed on | M = M / D = D / Y = Y = Y |
| Full Name of Payee | Da | ate of Public Distribution/Dissemination |
| Ashley n Thompson | | 09 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 272 Westgate Ct Apt 6 | Ar | nount |
| City | tate Zip Code | 34.60 |
| | | ansaction ID : fd217bbb-c0ec-4d0f-a ate of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 09 / 13 / 2014 |
| Name of Federal Candidate | Support Office So | nught: House District: 00 |
| Ms. Kay Hagan | Oppose Pre | esident State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 304462.73 Disburser 2014 | ment For: |
| Full Name of Payee Ashley n Thompson Mailing Address 272 Westgate Ct Apt 6 | | ate of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | 12.00 |
| Lexington | | insaction ID : 5dce00cb-5e78-45e7-b ate of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 | 09 / 13 / 2014 |
| Name of Federal Candidate | Support Office So | ought: House District: 00 |
| Ms. Kay Hagan | Oppose Pre | esident Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 304462.73 Disburser 2014 | ment For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | • | 46.60 |
| (b) SUBTOTAL of Unitemized Independent Expenditure | s | |
| (c) TOTAL Independent Expenditures | ····· | 1 4 1 4 1 4 |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age | or authorized committee or agent of either, or | |
| Ms. Emily Buchanan | [Electronically Filed] Date 09 | 15 2014 |
| Signature | | |

PAGE

OF

| | meduic Ly | FOR SE OF FORM 24/48 |
|----|---|--|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| ۷۱ | Vomen Speak Out PAC | C C00530766 |
| Ch | eck if 24-hour report X 48-hour report New report Amends report filed | i on Mam / Dab / Yayayay |
| | Full Name of Payee | Date of Public Distribution/Dissemination |
| | Randy G Lookabill | 09 13 2014 |
| | Mailing Address 200 Carawood Lane | Amount |
| | City State Zip Code | 34.60 |
| | Lexington NC 27295 | Transaction ID : 694345df-2740-4045-a Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 09 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Name of Federal Candidate Support Offic | e Sought: House District: 00 |
| | Ms. Kay Hagan Oppose | President State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disb 2014 | ursement For: Primary X General |
| | | U Other (specify) ▶ |
| | Full Name of Payee Monique Guillory | Date of Public Distribution/Dissemination |
| | Mailing Address 409 LaSalle Drive | 09 13 2014 Amount |
| | City State Zip Code | 50.00 |
| | Little Rock AR 72211 | Transaction ID : e8bf52fe-a617-4ec9-9 Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 09 13 2014 |
| | Name of Federal Candidate Support Offic | e Sought: House District: 00 |
| | Mr. Mark L Pryor Oppose | President State: AR State: |
| | Calendar Year-To-Date Per Election for Office Sought Disb 2014 | ursement For: Primary |
| | (a) SUBTOTAL of Itemized Independent Expenditures | 84.60 |
| | (b) SUBTOTAL of Unitemized Independent Expenditures | |
| | (c) TOTAL Independent Expenditures | |
| , | Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | |
| | (77) | 09 15 2014 |
| | Signature | |
| | | |

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OF

| Schedule E) | | | | | PAGE 73 OF 124 FOR SE OF FORM 24/48 |
|-----------------------------------|------------------------------|------------------------|-----------------------|-----------------------|--|
| NAME OF COMMITTEE | | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak | Out PAC | | | | C C00530766 |
| Check if 24-hour re | eport X 48-hour report | New rep | port Amends repo | ort filed on | = M / D = D / Y = Y = Y |
| Full Name of Payer | | | | Date | of Public Distribution/Dissemination |
| Monique Gui | • | | | TV | 09 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 40 | 9 LaSalle Drive | | | Amou | nt |
| City | | State | Zip Code | | 21.00 |
| Little Rock | | AR | 72211 | | action ID : ae6c23ae-7db1-4ad7-8 of Disbursement or Obligation |
| Purpose of Expendi Mileage | iture | | Category/ Type 002 | - N | 09 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal C | andidate | | Support | Office Sough | t: House District:00 |
| Mr. Mark L Pryor | | | X Oppose | Preside | |
| Calendar Year- Per Election fo | To-Date or Office Sought | | 92637.65 | Disbursemen 2014 O | t For: Primary |
| Full Name of Payer Patrice Wolfe | | | | | of Public Distribution/Dissemination |
| | | | | | 09 / 13 / 2014 |
| Mailing Address | 9909 Treasure Hill Rd | | | Amou | nt |
| City | | State | Zip Code | | 50.00 |
| Little Rock | | AR | 72205 | Transa Date | oction ID : 56108fb6-d4fd-45f5-9 of Disbursement or Obligation |
| Purpose of Expend Salary | iture | | Category/ Type 001 | | 09 / 13 / 2014 |
| Name of Federal C | andidate | | Support | Office Sough | nt: House District: 00 |
| Mr. Mark L Pryor | | | X Oppose | Presid | |
| Calendar Year- Per Election fo | To-Date or Office Sought | | 92637.65 | Disbursemer 2014 | nt For: |
| (a) SUBTOTAL of It | emized Independent Expen | nditures | | | 71.00 |
| (4) 000101112 0 | Silizod ilidopolidolit Expo. | ditar-co | | , F | 71.00 |
| (b) SUBTOTAL of U | Initemized Independent Exp | enditures | | ·· • | 7 7 7 |
| (c) TOTAL Independ | dent Expenditures | | | - | 7 1 7 1 7 |
| with, or at the reques | | indidate or authorized | | | cooperation, consultation, or concert the reporting entity is not a political |
| Ms. Emi | ly Buchanan | [Electron | nically Filed] Date | e 09 | 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | | | | | |

| Schedule E) | | 71101120 | | PAGE 74 OF 124 FOR SE OF FORM 24/48 |
|--|---------------------|-----------------------|-----------------------------|---|
| NAME OF COMMITTEE (In Full) | | | FE | C IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | C00530766 |
| Check if 24-hour report X 48-hour report | New re | port Amends repo | ort filed on | |
| Full Name of Payee Patrice Wolfe | | | | Public Distribution/Dissemination |
| Mailing Address 9909 Treasure Hill Rd | | | M 09 | 13 2014 |
| | | | Amount | |
| City | State | Zip Code | | 22.20 |
| Little Rock | AR | 72205 | | ion ID: 7cfec8e0-cca0-45fd-b Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 09 | |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Mark L Pryor | | X Oppose | President | Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | 92637.65 | Disbursement Fo | or: Primary X General |
| Full Name of Payee | | | | Public Distribution/Dissemination |
| Gary W Fuhrmann | | | M 09 | 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 9425 Jessica Drive | | | | 13 2014 |
| | | | Amount | |
| City | State | Zip Code | | 35.00 |
| Shreveport | LA | 71106 | Transaction Date of D | on ID: f8776ae7-d32d-41a5-9 Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 | |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 116531.66 | Disbursement For 2014 Other | or: Primary ⊠ General r (specify) ▶ |
| - | | | | |
| (a) SUBTOTAL of Itemized Independent Expendi | tures | | • | 57.20 |
| (b) SUBTOTAL of Unitemized Independent Exper | nditures | | • | 7 1 7 1 5 1 |
| (c) TOTAL Independent Expenditures | | | · | 7 7 7 |
| Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canoparty committee) any political party committee or | didate or authorize | | | |
| Ms. Emily Buchanan | [Electro | onically Filed] Date | | 15 2014 |
| Signature | | | | |

| | FOR SE OF FORM 24/48 |
|---|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends report filed | d on Mam / Dad / Yayayay |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Gary W Fuhrmann | 09 13 2014 |
| Mailing Address 9425 Jessica Drive | Amount |
| City State Zip Code | 14.40 |
| Shreveport LA 71106 | Transaction ID : b42fec87-88ec-4cf1-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | 09 13 7 2014 |
| Name of Federal Candidate Support Offic | e Sought: House District:00 |
| Ms. Mary L Landrieu Oppose | President State: LA |
| Calendar Year-To-Date Per Election for Office Sought Disb 2014 | ursement For: Primary |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Carol L Walters | 09 13 2014 |
| Mailing Address 1900 Glen West Way | Amount |
| City State Zip Code | 30.00 |
| Fort Smith AR 72916 | Transaction ID : ba6fd145-7808-4193-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 09 / 13 / 2014 |
| Name of Federal Candidate Support Office | e Sought: House District: 00 |
| Mr. Mark L Pryor Oppose | President State: AR |
| Calendar Year-To-Date Per Election for Office Sought Disb 2014 | oursement For: Primary General Other (specify) |
| (a) SUBTOTAL of Itemized Independent Expenditures | 44.40 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | 1171171171 |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date | 09 15 2014 |
| Signature | |

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OF

| , | | FOR SE OF FORM 24/48 |
|---|---|---|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report X 48-hour report | New report Amends report filed on | M = M / D = D / Y = Y = Y |
| Full Name of Payee | Da | ate of Public Distribution/Dissemination |
| Carol L Walters | | 09 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 1900 Glen West Way | Ar | mount |
| City | ate Zip Code | 7.20 |
| | | ransaction ID : f39d8d79-b6f0-4cb2-9 ate of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 | 09 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support Office So | ought: House District: 00 |
| Mr. Mark L Pryor | Oppose Pre | esident State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 92637.65 Disburser 2014 | ment For: |
| Full Name of Payee Lindsey N Rose | Di | ate of Public Distribution/Dissemination |
| | | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 615 Live Oak Dr | Al | mount |
| City | ate Zip Code | 80.00 |
| | | ansaction ID : 2b4df6fc-5d29-4053-b ate of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support Office So | ought: House District: 00 |
| Mr. Mark L Pryor | Oppose Pre | esident X Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 92637.65 Disburse 2014 | ment For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | · · · · · · · · · · · · · · · · · · · | 87.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | · · · · · · · · · · · · · · · · · · · | |
| (c) TOTAL Independent Expenditures | | |
| Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its age | r authorized committee or agent of either, or | |
| Ms. Emily Buchanan | [Electronically Filed] Date 09 | 15 2014 |
| Signature | | |

PAGE

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OF

| Schedule E) | VI EXI ENE | TIONES | PAGE 77 OF 124 FOR SE OF FORM 24/48 |
|---|-------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | X New rep | port Amends repo | ort filed on |
| Full Name of Payee Lindsey N Rose | | | Date of Public Distribution/Dissemination |
| Mailing Address 615 Live Oak Dr | | | 09 / 13 / 2014 |
| Walling Address 615 Live Oak Dr | | | Amount |
| City | State | Zip Code | 62.82 |
| searcy | AR | 72143 | Transaction ID: 1227a527-69c1-41f0-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 09 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Mr. Mark L Pryor | | Oppose | President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 92637.65 | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Cynthia Stewart | | | 09 13 2014 |
| Mailing Address 3001 Pendell Lane | | | Amount |
| City | State | Zip Code | 40.00 |
| Ft. Smith | AR | 72901 | Transaction ID : 5e853fac-f17b-4a8a-a Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 / 13 / Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Mr. Mark L Pryor | | X Oppose | President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 92637.65 | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditu | res | | . 102.82 |
| (-, | | | 7 7 |
| (b) SUBTOTAL of Unitemized Independent Expendent | litures | | > |
| (c) TOTAL Independent Expenditures | | | · |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its | late or authorize | | |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 09 15 2014 |
| U | | | |

| Sch | edule E) | " LIVE! | | | | | PAGE 78 OF 124 FOR SE OF FORM 24/48 |
|------|---|--------------|-------------------|------------|------------------|----------------------|---|
| | E OF COMMITTEE (In Full) | | | | | FEC ID | DENTIFICATION NUMBER ▼ |
| Wc | omen Speak Out PAC | | | | | С | C00530766 |
| Chec | ck if 24-hour report X 48-hour report | New repo | ort An | nends repo | ort filed on | M = M / | D = D / Y = Y = Y |
| | Full Name of Payee Cynthia Stewart | | | | D | | c Distribution/Dissemination |
| | Mailing Address 3001 Pendell Lane | | | | | 09 | 13 / 2014 |
| | | | | | A | mount | |
| C | City State |) | Zip Code | | | | 4.80 |
| | Ft. Smith AR | | 72901 | | | | ID: 491b8fcf-ade2-414e-9 ursement or Obligation |
| | Purpose of Expenditure Mileage | | Category/ Type | | | 09 / | 13 2014 |
| N | Name of Federal Candidate | | | Support | Office So | ought: | House District:00 |
| | Mr. Mark L Pryor | | | Oppose | Pre | esident | Senate State: AR |
| | Calendar Year-To-Date Per Election for Office Sought | | 92637.65 | | Disburse 2014 | ment For: Other (sp | Primary |
| | Full Name of Payee | • | | | D | | c Distribution/Dissemination |
| | Kinsey E Beck | | | | | 09 V | 13 / 2014 |
| N | Mailing Address 103 Glenhaven Ct | | | | А | mount | |
| | City State | e | Zip Code | | — [| | 95.00 |
| | Harvest AL | | 35749 | | Tra | ansaction ID | D: f67d7128-91b2-4968-9 ursement or Obligation |
| | Purpose of Expenditure Salary | | Category/ Type | | | M M 09 | 13 2014 |
| 1 | Name of Federal Candidate | | | Support | Office So | ought: | House District: 00 |
| | Mr. Mark L Pryor | | | Oppose | Pr | esident | Senate State: AR |
| | Calendar Year-To-Date Per Election for Office Sought | | 92637.6 | 55 | Disburse 2014 | ement For: Other (sp | Primary |
| | | | | | | | |
| (a |) SUBTOTAL of Itemized Independent Expenditures | | | | · • | 7 | 99.80 |
| (b | substotal of Unitemized Independent Expenditures | | | | ·· • | | |
| (с |) TOTAL Independent Expenditures | | | | | - | 1 7 1 7 |
| wi | nder penalty of perjury I certify that the independent exp th, or at the request or suggestion of, any candidate or a arty committee) any political party committee or its agent. | authorized | | | | | |
| | Ms. Emily Buchanan | [Electron | nically Filed] | Date | 09 | 15 | 2014 |
| | Signature | | _ | | | - | |

| Sch | nedule E) | -/(I E.I.E. | 101120 | | | | PAGE 79 OF 124 FOR SE OF FORM 24/48 | |
|-----|---|---------------|--|------------|-------------------|------------------------|--|--------|
| | ME OF COMMITTEE (In Full) | | | | | FEC ID | DENTIFICATION NUMBER | , |
| W | omen Speak Out PAC | | | | | | C00530766 | |
| | ck if 24-hour report X 48-hour report | X New repo | ort Arr | nends repo | ort filed on | M = M / | / D = D / Y = Y = Y | |
| T | Full Name of Payee | | | | Dat | e of Public | c Distribution/Dissemination | - |
| | Kinsey E Beck | | | | | 09 / | 13 / 2014 | |
| | Mailing Address 103 Glenhaven Ct | | | | Am | ount | | |
| | City Sta | tate | Zip Code | | | | 55.20 | |
| | Harvest A | AL | 35749 | | | | ID: 35cde695-2b3c-4e7b-9 ursement or Obligation | 7 |
| | Purpose of Expenditure Mileage | | Category/ Type | 002 | | M M M 09 | 13 / 2014 |] |
| Ī | Name of Federal Candidate | | <u>' : : : : : : : : : : : : : : : : : : :</u> | Support | Office Sou | ıaht: | House District: 00 | |
| | Mr. Mark L Pryor | | | Oppose | | _ | Senate State: AR | _ |
| | Calendar Year-To-Date Per Election for Office Sought | | 92637.65 | | Disbursem 2014 | nent For: Other (sp | Primary | . |
| | Full Name of Payee | | | | Daf | te of Publi | c Distribution/Dissemination | |
| | Heather N Montgomery | | | | | M M M M 09 | 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | ٦ |
| | Mailing Address 106 Wyncrest Ct | | | | | 00 | 10 2011 | _ |
| | | | | | Am | ount | | |
| | City Sta | tate | Zip Code | | | | 95.00 | |
| | | TN | 37075 | | | | D: 237f23d5-edc1-4e29-8 ursement or Obligation | |
| | Purpose of Expenditure Salary | | Category/ Type | 001 | | 09 | 13 / 2014 | |
| | Name of Federal Candidate | | <u>. </u> | Support | Office Sou | ught: | House District: 00 | |
| | Mr. Mark L Pryor | | | Oppose | | | Senate State: AR | _ |
| | Calendar Year-To-Date Per Election for Office Sought | | 92637.6 | 5 | Disbursem 2014 | nent For: Other (sp | Primary X Genera | ւl |
| | | | | | | | | |
| (a | a) SUBTOTAL of Itemized Independent Expenditures | | | | | | 150.20 | |
| (t | b) SUBTOTAL of Uniternized Independent Expenditures | 3 | | | · • [| | | |
| (0 | c) TOTAL Independent Expenditures | | | | | | |] |
| W | inder penalty of perjury I certify that the independent e ith, or at the request or suggestion of, any candidate of arty committee) any political party committee or its ager | or authorized | | | | | | |
| | Ms. Emily Buchanan | [Electron | ically Filed] | Date | e 09 | 15 | 2014 | |
| | Signature | | _ | | | | | |

| Schedule E) | /LIVI L/XI LIVE | 1101120 | | PAGE 80 OF 124 FOR SE OF FORM 24/48 |
|--|-----------------------|-----------------------|----------------------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC II | DENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | С | C00530766 |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | ort filed on | / D = D / Y = Y = Y |
| Full Name of Payee Chad E Day | | | | c Distribution/Dissemination |
| Mailing Address 168 Emerald Hill | | | 09 | 13 / 2014 |
| 100 EIIIeIaiu I IIII | | | Amount | |
| City | State | Zip Code | | 77.50 |
| Forest City | NC | 28043 | | ID: 2b265a13-4b3e-4b19-8 ursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M M 09 | 13 7 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 304462.73 | Disbursement For: 2014 Other (sp | Primary |
| Full Name of Payee James W Blevins | | | | c Distribution/Dissemination |
| Mailing Address 108 East Clinton St | | | 09 | 13 2014 |
| PO Box 410 | | | Amount | |
| PO Box 410 | State | Zip Code | | 20.00 |
| Salemburg | NC | 28385 | Transaction II Date of Disb | D: 321374e5-8c34-400f-8 ursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M 09 | 13 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | Oppose | President | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 304462.73 | Disbursement For: 2014 Other (sp | Primary X General |
| (a) SUBTOTAL of Itemized Independent Expen | ditures | | . • | 97.50 |
| (b) SUBTOTAL of Unitemized Independent Exp | enditures | | . • | |
| (c) TOTAL Independent Expenditures | | | · • | |
| Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of | ndidate or authorized | | | |
| Ms. Emily Buchanan | [Electroi | nically Filed] Date | 09 15 | / Y Y Y Y Y Y 2014 |
| Signature | | | | |

| | | FOR SE OF FORM 24/48 |
|-----|--|--|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| ۷۷ | omen Speak Out PAC | C C00530766 |
| Che | eck if 24-hour report X 48-hour report New report Amends report filed | on Mam / Dad / Yayayay |
| Т | Full Name of Payee | Date of Public Distribution/Dissemination |
| | James W Blevins | 09 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Mailing Address 108 East Clinton St PO Box 410 | Amount |
| ŀ | City State Zip Code | 7.71 |
| | Salemburg NC 28385 | Transaction ID : 2ae05446-a6a7-4f5f-8 Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | M 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| ľ | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | Ms. Kay Hagan Oppose | President State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | ursement For: Primary |
| | Full Name of Payee James W Blevins | Date of Public Distribution/Dissemination |
| ľ | Mailing Address 108 East Clinton St | 09 13 2014 Amount |
| ١ | PO Box 410 | |
| | City State Zip Code | 20.00 |
| | Salemburg NC 28385 | Transaction ID: d7be5031-34b2-4a81-9 Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | M 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| ľ | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | Ms. Kay Hagan Oppose | President State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | ursement For: Primary X General Other (specify) ▶ |
| (| (a) SUBTOTAL of Itemized Independent Expenditures | 27.71 |
| (| (b) SUBTOTAL of Unitemized Independent Expenditures | 1171171171 |
| (| (c) TOTAL Independent Expenditures | |
| ٧ | Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent. | |
| | Ms. Emily Buchanan [Electronically Filed] Date | 9 15 2014 |
| | Signature | |

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OF

| Schedule E) | PAGE 82 OF 124 FOR SE OF FORM 24/48 |
|--|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends report filed | i on Mam / Dad / Yayayay |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| James W Blevins | 09 13 2014 |
| Mailing Address 108 East Clinton St | Amount |
| PO Box 410 | |
| City State Zip Code Salemburg NC 28385 | 7.71 Transaction ID : fb8956d4-7519-44a7-a |
| | Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | 09 13 / 2014 |
| Name of Federal Candidate Support Office | e Sought: House District: 00 |
| Ms. Kay Hagan Oppose | President State: NC |
| Calendar Year-To-Date Per Election for Office Sought Disbrace 2014 | ursement For: Primary |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| James W Blevins | 09 13 2014 |
| Mailing Address 108 East Clinton St | Amount |
| PO Box 410 | Amount |
| City State Zip Code | 20.00 |
| Salemburg NC 28385 | Transaction ID : 40faff6f-3e6f-4450-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 09 / 13 / 2014 |
| Name of Federal Candidate Support Offic | e Sought: House District: 00 |
| Ms. Kay Hagan Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought Disb 2014 | ursement For: |
| () CUPTOTAL (): | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 27.71 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | |
| (77) | 09 15 2014 |
| Orginaldo | |

| Schedule E) | EXI END | TOTILO | | PAGE 83 OF 124 FOR SE OF FORM 24/48 |
|--|-----------------|-----------------------|----------------------------------|---|
| NAME OF COMMITTEE (In Full) | | | FEC ID | DENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | С | C00530766 |
| Check if 24-hour report X 48-hour report | New repo | ort Amends repo | t filed on / | D = D / Y = Y = Y |
| Full Name of Payee James W Blevins | | | | Distribution/Dissemination |
| Mailing Address 108 East Clinton St | | | 09 | 13 2014 |
| PO Box 410 | | | Amount | |
| | State | Zip Code | | 7.71 |
| Salemburg | NC | 28385 | | D: dbef7d85-ffef-420c-a |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 09 | 13 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 3 | 04462.73 | Disbursement For: 2014 Other (sp | Primary |
| Full Name of Payee | | | Date of Public | c Distribution/Dissemination |
| Jennifer F Gilbert | | | 09 | 13 2014 |
| Mailing Address 180 McNeil Steep Hollow Rd | | | Amount | |
| City | State | Zip Code | | 50.00 |
| Carriere | MS | 39426 | | 0: 0c052e94-8214-44e2-9 ursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 | 13 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Ms. Mary L Landrieu | | X Oppose | President | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 116531.66 | Disbursement For: 2014 Other (sp | Primary X General Decify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | • | 57.71 |
| (b) SUBTOTAL of Unitemized Independent Expenditure | res | | | |
| | | | | |
| (c) TOTAL Independent Expenditures | | | > | 7 7 |
| Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a | e or authorized | | | |
| Ms. Emily Buchanan Signature | [Electroni | ically Filed] Date | 09 / 15 | 2014 |
| 5.g. ididi 5 | | | | |

| Schedule E) | PENT EXICIO | TIONES | PAGE 84 OF 124 FOR SE OF FORM 24/48 |
|--|-----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | rt filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Jennifer F Gilbert | | | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 180 McNeil Steep Hollow Rd | | | Amount |
| City | State | Zip Code | 0.60 |
| Carriere | MS | 39426 | Transaction ID: 266bb743-00f9-414a-a Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 09 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 116531.66 | Disbursement For: Primary General 2014 Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Ruthie M Thompson | | | 09 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 286 Wrenn Drive | | | Amount |
| City | State | Zip Code | 60.00 |
| Lexington | NC | 27292 | Transaction ID : 6b7e2252-a4f0-49ab-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 / 13 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 304462.73 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Exper | ditures | | 60.60 |
| | | | |
| (b) SUBTOTAL of Unitemized Independent Exp | enditures | | • |
| (c) TOTAL Independent Expenditures | | | > |
| | ndidate or authorized | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | | | |

| , | | FOR SE OF FORM 24/48 |
|---|---|---|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report X 48-hour report | New report Amends report filed on | M = M / D = D / Y = Y = Y |
| Full Name of Payee | Da | ate of Public Distribution/Dissemination |
| Ruthie M Thompson | | 09 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 286 Wrenn Drive | An | nount |
| City St | ate Zip Code | 7.23 |
| | | ansaction ID: c84026df-db02-4a84-8 ate of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 | 09 / 13 / 2014 |
| Name of Federal Candidate | Support Office So | ught: House District: 00 |
| Ms. Kay Hagan | Oppose Pre | esident State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 304462.73 Disburser 2014 | nent For: |
| Full Name of Payee Benjamin Hernandez Mailing Address 915 E Market Ave | | ate of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | ate Zip Code | 80.00 |
| | | nsaction ID : 113aa5e0-122f-4cb4-a ate of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 09 / 13 / 2014 |
| Name of Federal Candidate | Support Office So | ought: House District: 00 |
| Mr. Mark L Pryor | X Oppose Pre | esident Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 92637.65 Disburser 2014 | ment For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | · · · | 87.23 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | · · · · · · · · · · · · · · · · · · · | |
| (c) TOTAL Independent Expenditures | ······ | 7 7 1 7 |
| Under penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate of party committee) any political party committee or its age | r authorized committee or agent of either, or | |
| Ms. Emily Buchanan Signature | [Electronically Filed] Date 09 | 15 2014 |
| Oignaturo | | |

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OF

| ocnea | • | | FOR SE OF FORM 24/48 |
|-------------------------|---|-----------------------|---|
| | OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| vvom | en Speak Out PAC | | C C00530766 |
| Check if | 24-hour report X 48-hour report New repo | rt Amends report fil | ed on Man / Dab / Yayayay |
| | Name of Payee | | Date of Public Distribution/Dissemination |
| | enjamin Hernandez | | 09 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mail | ing Address 915 E Market Ave | | Amount |
| City | State | Zip Code | 57.60 |
| Sea | | 72149 | Transaction ID: 88e94f5b-ce21-4b62-b Date of Disbursement or Obligation |
| | pose of Expenditure eage | Category/ Type 002 | 09 / 13 / 2014 |
| Nam | ne of Federal Candidate | Support Of | fice Sought: House District: 00 |
| Mr. | Mark L Pryor | Oppose [| President State: AR |
| | Calendar Year-To-Date Per Election for Office Sought | 92637.65 Dis | sbursement For: Primary General |
| Full | Name of Payee | | Other (specify) |
| | y Davis | | Date of Public Distribution/Dissemination 09 13 2014 |
| Mail | ing Address 5117 Carr Dr | | Amount |
| City | State | Zip Code | 40.00 |
| Gri | fton NC | 28530 | Transaction ID: c62fd28a-54cf-40bc-8 Date of Disbursement or Obligation |
| Pur _l Sal | pose of Expenditure ary | Category/ Type 001 | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Nan | ne of Federal Candidate | Support Of | fice Sought: House District: 00 |
| Ms. | Kay Hagan | Oppose [| President State: NC |
| | Calendar Year-To-Date Per Election for Office Sought | | sbursement For: Primary X General Other (specify) ▶ |
| (a) S | UBTOTAL of Itemized Independent Expenditures | ······ | 97.60 |
| (b) S | UBTOTAL of Uniternized Independent Expenditures | ····· | |
| (c) T | OTAL Independent Expenditures | ······ | |
| with, | r penalty of perjury I certify that the independent expenditures or at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent. | | |
| | Ms. Emily Buchanan [Electronic | cally Filed] Date | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Si | gnature | Date | |
| | | | |

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OF

| Schedule E) | itt Ext Etto | TI OTILO | | PAGE 87 OF 124 FOR SE OF FORM 24/48 |
|---|----------------------|-----------------------|-----------------------------|---|
| NAME OF COMMITTEE (In Full) | | | FEC | IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | С | C00530766 |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | ort filed on | / D = D / Y = Y = Y |
| Full Name of Payee | | | Date of Pu | blic Distribution/Dissemination |
| Kay Davis | | | 09 | 13 2014 |
| Mailing Address 5117 Carr Dr | | | Amount | |
| City | State | Zip Code | | 11.10 |
| Grifton | NC | 28530 | | on ID: c251b599-0f06-4e4e-8 sbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 09 | 13 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Ms. Kay Hagan | | Oppose | President | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | - | 304462.73 | Disbursement For 2014 Other | : Primary X General (specify) ▶ |
| Full Name of Payee | | | Date of Pu | ıblic Distribution/Dissemination |
| Jeanne Tribou | | | M M M 09 | 13 2014 |
| Mailing Address 22369 Ponderosa Dr. | | | | 13 2014 |
| | | | Amount | |
| City | State | Zip Code | | 50.00 |
| Mandeville | LA | 70471 | | n ID : 4db7b34a-ee3a-40b3-8 sbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | M 09 | 13 7 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Mary L Landrieu | | Oppose | President | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 116531.66 | Disbursement For 2014 Other | r: |
| | | | | |
| (a) SUBTOTAL of Itemized Independent Expendit | ures | | · • | 61.10 |
| (b) SUBTOTAL of Unitemized Independent Exper | nditures | | · • | 7 1 1 7 1 1 7 |
| (c) TOTAL Independent Expenditures | | | • | 7 |
| Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or in | lidate or authorized | | | |
| Ms. Emily Buchanan | [Electron | nically Filed] Date | 9 15 | |
| Signature | | | | |

| Schedule E) | ENT EXILID | TTOTILO | PAGE 88 OF 124 FOR SE OF FORM 24/48 |
|--|-----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New rep | oort Amends repo | rt filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Jeanne Tribou | | | 09 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 22369 Ponderosa Dr. | | | Amount |
| City | State | Zip Code | 10.80 |
| Mandeville | LA | 70471 | Transaction ID : cd0c4a11-9a29-40dd-a Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 09 13 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 116531.66 | Disbursement For: |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Lucas H Hoyle | | | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 282 Falls Ave | | | Amount |
| City | State | Zip Code | 50.00 |
| Granite Falls | NC | 28630 | Transaction ID: 4431cd1f-cf15-4665-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | Oppose | President State: NC |
| Calendar Year-To-Date Per Election for Office Sought | .,, | 304462.73 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expendent | litures | | 60.80 |
| (b) SUPTOTAL of Uniterprized Independent Eve | anditura a | | |
| (b) SUBTOTAL of Unitemized Independent Exp | enditures | | |
| (c) TOTAL Independent Expenditures | | | • |
| | ididate or authorized | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 09 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| • | | | |

| Schedule E) | IN EXILIND | TTOTILO | PAGE 89 OF FOR SE OF FORM | |
|--|--------------------|-----------------------|--|--------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NU | IMBER ▼ |
| Women Speak Out PAC | | | C C00530766 | |
| Check if 24-hour report X 48-hour report | X New rep | ort Amends repo | t filed on | YYY |
| Full Name of Payee Lucas H Hoyle | | | Date of Public Distribution/Disser | nination |
| Mailing Address 282 Falls Ave | | | | 014 |
| | | | Amount | |
| City | State | Zip Code | | 32.70 |
| Granite Falls | NC | 28630 | Transaction ID : 7ec35d55-c442 Date of Disbursement or Obligati | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District | t:00 |
| Ms. Kay Hagan | | X Oppose | President Senate State | : NC |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 304462.73 | Disbursement For: Primary 2014 Other (specify) ▶ | General |
| Full Name of Payee | | | Date of Public Distribution/Disser | mination |
| Gregory Green | | | | 2014 |
| Mailing Address 2506 Bolch Street | | | Amount | |
| City | State | Zip Code | | 20.00 |
| Shreveport | LA | 71104 | Transaction ID : b56f00a0-fef0-46 Date of Disbursement or Obligati | |
| Purpose of Expenditure Salary | | Category/ Type 001 | | 2014 |
| Name of Federal Candidate | | Support | Office Sought: House Distric | t: <u>00</u> |
| Ms. Mary L Landrieu | | Oppose | President Senate State | e: <u>LA</u> |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 116531.66 | Disbursement For: Primary ≥ 2014 Other (specify) ▶ | General |
| (a) SUBTOTAL of Itemized Independent Expenditu | ıres | | > 5 | 52.70 |
| | | | | |
| (b) SUBTOTAL of Unitermized Independent Expendent | ditures | | > | - |
| (c) TOTAL Independent Expenditures | | | • | · · |
| Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it | date or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | iically Filed] Date | 09 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| - 3 | | | | |

| Schedule E) | | 1101.20 | | PAGE 90 OF 124 FOR SE OF FORM 24/48 |
|---|---------------|-----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | F | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New repo | ort Amends repo | rt filed on | M / D = D / Y = Y = Y = Y |
| Full Name of Payee Gregory Green | | | | Public Distribution/Dissemination |
| Mailing Address 2506 Bolch Street | | | | 9 13 2014 |
| | | | Amount | |
| 1 ' | State | Zip Code | | 13.80 |
| - Childrepoli | LA | 71104 | | ction ID: c90830d0-86f0-4249-8 Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | М | 9 13 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Ms. Mary L Landrieu | | X Oppose | Presider | t Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 1 | 116531.66 | Disbursement 2014 Oth | For: Primary General er (specify) |
| Full Name of Payee | | | | Public Distribution/Dissemination |
| Lily Green | | | M | M / D D / Y Y Y Y |
| Mailing Address 205 Medallion Circle | | | | 09 13 2014 |
| 200 Wicdamon Grote | | | Amoun | <u> </u> |
| City | State | Zip Code | | 20.00 |
| Shreveport | LA | 71119 | Transac Date of | tion ID : 51ceb40c-9707-4208-a Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | М | 9 13 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Ms. Mary L Landrieu | | Oppose | Presider | nt Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 116531.66 | Disbursement 2014 Oth | For: Primary |
| • | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | > | 33.80 |
| (b) SUBTOTAL of Unitemized Independent Expenditure | es | | • | 7 |
| (c) TOTAL Independent Expenditures | | | > | 7 7 |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age | or authorized | | | |
| Ms. Emily Buchanan | [Electron | cically Filed] Date | 09 | 15 2014 |
| Signature | | | | |

| , | | | FOR SE OF FORM 24/48 |
|-------------------------|---|------------------------|---|
| NAME OF COM | | | FEC IDENTIFICATION NUMBER ▼ |
| vvomen Sp | eak Out PAC | | C C00530766 |
| Check if 24 | hour report X 48-hour report New report | Amends report filed or | 1 |
| Full Name o | |] | Date of Public Distribution/Dissemination |
| Lily Gre | | | 09 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Addr | 205 Medallion Circle | 4 | Amount |
| City | State Zip (| Code | 13.80 |
| Shreveport | LA 711 | 19 | Fransaction ID: f10684f7-6a6f-47e9-8 Date of Disbursement or Obligation |
| Purpose of E Mileage | xpenditure | tegory/ Type 002 | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Fed | leral Candidate | Support Office S | Sought: House District: 00 |
| Ms. Mary L I | andrieu | | resident State: LA |
| | r Year-To-Date stion for Office Sought | | ement For: Primary ⊠ General Other (specify) ▶ |
| Full Name of Mattie H | arris | | Date of Public Distribution/Dissemination |
| | | | Amount |
| City | · | Code | 85.00 |
| springdale | AR 727 | | ransaction ID : 4edd80db-33d5-4c94-9 Date of Disbursement or Obligation |
| Purpose of I Salary | Cat | tegory/ Type 001 | 09 / 13 / 2014 |
| Name of Fe | leral Candidate | Support Office S | Sought: House District: 00 |
| Ms. Kay Ha | an | Oppose F | President State: NC |
| | r Year-To-Date ction for Office Sought 30 | Disburs 2014 | ement For: |
| (a) SUBTOTA | L of Itemized Independent Expenditures | ······ | 98.80 |
| (b) SUBTOTA | L of Unitemized Independent Expenditures | ······ | |
| (c) TOTAL In | dependent Expenditures | · [| 1 1 7 1 1 7 1 1 7 1 |
| with, or at the | of perjury I certify that the independent expenditures repo request or suggestion of, any candidate or authorized com ee) any political party committee or its agent. | | |
| | As. Emily Buchanan [Electronically | Filed] Date 09 | 15 2014 |
| Signature | | | |

PAGE 91

OF

| Schedule E) | INT EXILIND | ITOTILO | | PAGE 92 OF 124 FOR SE OF FORM 24/48 |
|---|---------------------|-----------------------|-----------------------------------|---|
| NAME OF COMMITTEE (In Full) | | | FEC ID | ENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | C00530766 |
| Check if 24-hour report X 48-hour report | New rep | ort Amends repo | rt filed on | D = D / Y = Y = Y |
| Full Name of Payee | | | Date of Public | : Distribution/Dissemination |
| Mattie Harris | | | M 09 / | 13 / 2014 |
| Mailing Address 3654 Tara St | | | Amount | |
| City | State | Zip Code | | 45.00 |
| springdale | AR | 72762 | | D: e36675d3-7c44-44eb-9 rsement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 09 | 13 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Ms. Kay Hagan | | X Oppose | | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | , , | 304462.73 | Disbursement For: 2014 Other (sp. | Primary |
| Full Name of Payee | | | Date of Public | Distribution/Dissemination |
| Marysol Netro | | | 09 / | 13 / 2014 |
| Mailing Address 312 S Gunter St | | | Amount | |
| City | State | Zip Code | | 40.00 |
| Siloam Springs | AR | 72761 | | D: a407cfe7-4831-4b7e-9 ursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 | 13 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Mark L Pryor | | X Oppose | President | Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 92637.65 | Disbursement For: 2014 Other (sp | Primary |
| (a) SUBTOTAL of Itemized Independent Expendit | ures | | | 85.00 |
| | | | 7 | 4 |
| (b) SUBTOTAL of Unitemized Independent Exper | ditures | | • • | |
| (c) TOTAL Independent Expenditures | | | • | 1 4 1 0 |
| Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or in | idate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | ically Filed] Date | 09 / 15 | 2014 |
| - | | | | |

| Schedule E) | INI EXI EN | SHORLS | PAGE 93 OF 124 FOR SE OF FORM 24/48 |
|--|---------------------|-----------------------|---|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New re | eport Amends repo | ort filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Marysol Netro | | | 09 / 13 / 2014 |
| Mailing Address 312 S Gunter St | | | Amount |
| City | State | Zip Code | 6.00 |
| Siloam Springs | AR | 72761 | Transaction ID : d22697ac-6e0f-4583-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 09 / 13 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District:00 |
| Mr. Mark L Pryor | | X Oppose | President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | 92637.65 | Disbursement For: Primary General 2014 Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| David Ford | | | 09 13 2014 |
| Mailing Address 106 Hillside St | | | Amount |
| City | State | Zip Code | 77.50 |
| Spindale | NC | 28160 | Transaction ID : 593d004c-ea8d-4568-a Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 / 13 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 304462.73 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expend | tures | | 83.50 |
| | | | 7 7 7 |
| (b) SUBTOTAL of Unitemized Independent Expe | nditures | |) |
| (c) TOTAL Independent Expenditures | | | |
| | didate or authorize | | not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electro | onically Filed] Date | 09 15 2014 |
| V | | | |

| Schedule E) | | | 101120 | | PAGE 94 OF 124 FOR SE OF FORM 24/48 |
|-----------------------------|------------------------------------|----------------------------|-----------------------|-------------------------|--|
| NAME OF COMMIT | , | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Spea | k Out PAC | | | | C C00530766 |
| Check if 24-hou | r report X 48-hour | report New repo | ort Amends repo | ort filed on | = M / D = D / Y = Y = Y |
| Full Name of Pa | | | | Date o | of Public Distribution/Dissemination |
| David Ford | | | | | 09 / 13 / 2014 |
| Mailing Address | 106 Hillside St | | | Amour | nt |
| City | | State | Zip Code | | 34.38 |
| Spindale | | NC | 28160 | | action ID : c95d18ad-f43d-4764-9 If Disbursement or Obligation |
| Purpose of Expe Mileage | enditure | | Category/ Type 002 | | 09 / 13 / Y Y Y Y Y |
| Name of Federa | I Candidate | | Support | Office Sought | : House District:00 |
| Ms. Kay Hagan | | | X Oppose | Preside | nt Senate State: NC |
| Calendar Ye Per Election | ear-To-Date n for Office Sought | 3 | 04462.73 | Disbursement 2014 Ot | For: Primary X General |
| Full Name of Pa | | | | Date of | of Public Distribution/Dissemination |
| Hannah E E | Baker | | | | 09 13 2014 |
| Mailing Address | 5307 South State Roa | nd 135 | | | 00 10 2014 |
| | | | | Amour | nt |
| City | | State | Zip Code | | 85.00 |
| Morgantown | | IN | 46160 | Transa Date o | ction ID : 8fba87d4-f50a-4eb6-9 of Disbursement or Obligation |
| Purpose of Expe Salary | enditure | | Category/ Type 001 | M | 09 / D D / Y Y Y Y Y Y |
| Name of Federa | I Candidate | | Support | Office Sough | t: House District: 00 |
| Mr. Mark L Pryo | r | | X Oppose | Preside | ent Senate State: AR |
| Calendar Ye Per Election | ear-To-Date n for Office Sought | 7 | 92637.65 | Disbursement 2014 Of | t For: |
| | | | | | |
| (a) SUBTOTAL o | f Itemized Independent | Expenditures | | ▶ | 119.38 |
| (b) SUBTOTAL o | f Unitemized Independer | nt Expenditures | | ·· • | 7 1 7 1 4 |
| (c) TOTAL Indep | endent Expenditures | | | | 7 |
| with, or at the rec | | ny candidate or authorized | | | ooperation, consultation, or concert he reporting entity is not a political |
| Ms. I | Emily Buchanan | [Electron | ically Filed] Date | e 09 | 15 2014 |
| Signature | | | | | |

| Schedule E) | | | TOTILO | | PAGE 95 OF 124 FOR SE OF FORM 24/48 |
|------------------------------|--------------------------------------|----------------------------|---------------------------|-----------------------|--|
| NAME OF COMMI | | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Spe | ak Out PAC | | | | C C00530766 |
| Check if 24-ho | our report X 48-hour | report New repo | ort Amends repo | ort filed on | M / D D / Y B Y B Y B Y |
| Full Name of F Francis R | ^{Payee} ichardson | | | | f Public Distribution/Dissemination |
| | S 220 Doucet Rd | | | | 09 / 13 / 2014 |
| | | | | Amoun | t |
| City Lafayette | | State LA | Zip Code 70503 | Transa | 20.00 action ID : ff7494bb-c280-4bd7-b |
| Purpose of Exp | penditure | LA | I | Date of | f Disbursement or Obligation |
| Salary | | | Category/ Type 001 | | 09 / 13 / 2014 |
| Name of Feder | | | Support | Office Sought | House District: 00 |
| Ms. Mary L La | ndrieu | | X Oppose | Preside | |
| | Year-To-Date on for Office Sought | 1 | 16531.66 | Disbursement 2014 Ott | For: Primary X General her (specify) ▶ |
| Full Name of F Francis Ri | | | | Date o | f Public Distribution/Dissemination |
| | | | | | 09 13 2014 |
| Mailing Addres | S 220 Doucet Rd | | | Amour | nt |
| City | | State | Zip Code | | 1.92 |
| Lafayette | | LA | 70503 | Transac Date o | ction ID: e021cd4d-49a8-4d8a-8 f Disbursement or Obligation |
| Purpose of Ex Mileage | penditure | | Category/ Type 002 | | 09 13 / 2014 |
| Name of Fede | | | Support | Office Sought | : House District: 00 |
| Ms. Mary L La | ndrieu | | X Oppose | Preside | nt Senate State: LA |
| | Year-To-Date on for Office Sought | | 116531.66 | Disbursement 2014 Ot | For: Primary |
| | | | | | |
| (a) SUBTOTAL | of Itemized Independent | Expenditures | | · | 21.92 |
| (b) SUBTOTAL | of Unitemized Independe | nt Expenditures | | . • | 7 7 7 |
| (c) TOTAL Inde | pendent Expenditures | | | • | 7 |
| with, or at the re | | ny candidate or authorized | | | opperation, consultation, or concert ne reporting entity is not a political |
| | Emily Buchanan | [Electroni | <i>[cally Filed]</i> Date | M M / | 15 / Y = Y = Y = Y = Y = Y |
| Signature | | | | | |

| Schedule E) | LIVI LXI LIVL | TI ONLO | PAGE 96 OF 124 FOR SE OF FORM 24/48 |
|--|---------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | t filed on |
| Full Name of Payee Theresa a Youngblood | | | Date of Public Distribution/Dissemination |
| Mailing Address 102 S Main Street Apt A2 | | | 09 13 2014 Amount |
| | | 7. 0. | |
| City Berryville | State VA | Zip Code 22611 | 80.00 Transaction ID: 10d2a49e-110d-44f2-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | -, -, | 304462.73 | Disbursement For: |
| Full Name of Payee ERIC TABARY | | | Date of Public Distribution/Dissemination |
| Mailing Address 6101 NORA ST | | | 09 13 2014 Amount |
| City | State | Zip Code | 75.00 |
| METAIRIE | LA | 70003 | Transaction ID : 563ba24b-d281-41b5-a Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 116531.66 | Disbursement For: |
| (a) SUBTOTAL of Itemized Independent Expend | itures | | 155.00 |
| (b) SUBTOTAL of Unitemized Independent Expe | enditures | | > |
| | | | 4 4 |
| (c) TOTAL Independent Expenditures | | | · |
| | didate or authorize | | not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electro | nically Filed] Date | 09 15 2014 |
| Signaturo | | | |

| Schedule E) | LIVI EXI END | HONES | PAGE 97 OF FOR SE OF FORM 2 | 124 4/48 |
|--|-----------------------|-----------------------|--|-------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUM | BER ▼ |
| Women Speak Out PAC | | | C C00530766 | |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | rt filed on | Y |
| Full Name of Payee | | | Date of Public Distribution/Dissemin | ation |
| ERIC TABÁRY | | | 09 / 13 / Y Y Y | 4 |
| Mailing Address 6101 NORA ST | | | Amount | |
| City | State | Zip Code | | 2.40 |
| METAIRIE | LA | 70003 | Transaction ID : ca695949-0a22-42 Date of Disbursement or Obligation | 0e-a |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 09 / D D / Y Y Y 201 | 4 |
| Name of Federal Candidate | | Support | Office Sought: House District: | 00 |
| Ms. Mary L Landrieu | | X Oppose | President State: - | LA |
| Calendar Year-To-Date Per Election for Office Sought | | 116531.66 | Disbursement For: Primary X 0 2014 Other (specify) ▶ | General |
| Full Name of Payee | | | Date of Public Distribution/Dissemin | ation |
| Xavier Miller | | | 09 / 13 / Y Y Y | Y Y 14 |
| Mailing Address 407 randall Dr | | | Amount | |
| City | State | Zip Code | 80 | 0.00 |
| Searcy | AR | 72143 | Transaction ID : ce6e8be8-acf2-489 Date of Disbursement or Obligation | |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 / 13 / Y Y | |
| Name of Federal Candidate | | Support | Office Sought: House District: | 00 |
| Mr. Mark L Pryor | | Oppose | President Senate State: | AR |
| Calendar Year-To-Date Per Election for Office Sought | | 92637.65 | Disbursement For: Primary 2014 Other (specify) ▶ | General |
| (a) SUBTOTAL of Itemized Independent Expen | ditures | | 82.4 | 40 |
| | | | 7 7 | |
| (b) SUBTOTAL of Unitemized Independent Exp | enditures | | > | |
| (c) TOTAL Independent Expenditures | | | • | |
| Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of | ndidate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| = | | | | |

| Schedule E) | VI EXI END | TIONES | | PAGE 98 OF 124 FOR SE OF FORM 24/48 |
|---|-------------------|-----------------------|-----------------------------------|---|
| NAME OF COMMITTEE (In Full) | | | FEC IDE | ENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C | 00530766 |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | rt filed on | D = D / Y = Y = Y |
| Full Name of Payee | | | Date of Public | Distribution/Dissemination |
| Xavier Miller | | | 09 | 13 / 2014 |
| Mailing Address 407 randall Dr | | | Amount | |
| City | State | Zip Code | | 69.00 |
| Searcy | AR | 72143 | | 0: 183620ac-b275-4cfe-a sement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 09 | 13 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| Mr. Mark L Pryor | | X Oppose | President X | Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 92637.65 | Disbursement For: 2014 Other (spe | Primary |
| Full Name of Payee | | | Date of Public | Distribution/Dissemination |
| Courtney Goldstein | | | 09 | 13 / 2014 |
| Mailing Address 1809 N Woodlawn | | | Amount | |
| City | State | Zip Code | | 12.50 |
| Metairie | LA | 70001 | | : 4d8c1562-aacc-47b6-b sement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 | 13 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| Ms. Mary L Landrieu | | Oppose | President X | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 116531.66 | Disbursement For: 2014 Other (spe | Primary General |
| (a) SUBTOTAL of Itemized Independent Expenditu | res | | | 81.50 |
| | | | | 7 7 |
| (b) SUBTOTAL of Unitemized Independent Expend | itures | | • | |
| (c) TOTAL Independent Expenditures | | | • | 7 7 |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its | late or authorize | | | |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 09 / 15 | 2014 |
| | | | | |

| | FOR SE OF FORM 24/48 |
|--|--|
| NAME OF COMMITTEE (In Full) | C IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C00530766 |
| Check if 24-hour report X 48-hour report New report Amends report filed on | / D = D / Y = Y = Y |
| Courtney Goldstein | |
| Mailing Address 1809 N Woodlawn Amount | 13 2014 |
| City State Zip Code | 7.20 |
| Metairie LA 70001 Transacti | ion ID : 0ecdc7ff-c5fc-4a27-b Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | |
| Name of Federal Candidate Support Office Sought: | House District: 00 |
| Ms. Mary L Landrieu Oppose President | Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought Disbursement For 2014 Other | or: |
| Phillip Williams | |
| Mailing Address 3007 Darden Rd Amount | 13 2014 |
| City State Zip Code | 92.50 |
| Greensboro NC 27407 Transactio | on ID : da62a869-21a2-4588-8 Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 09 | M / D D / Y Y Y |
| Name of Federal Candidate Support Office Sought: | House District: 00 |
| Ms. Kay Hagan | Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought Disbursement For 2014 Other | or: |
| (a) SUBTOTAL of Itemized Independent Expenditures | 99.70 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | 7 1 7 1 7 1 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in coop with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent. | |
| | 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |

| Schedule E) | INT EXTEND | TIONES | PAGE 100 OF 124 FOR SE OF FORM 24/48 |
|--|---------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | X New rep | port Amends repo | rt filed on |
| Full Name of Payee Phillip Williams | | | Date of Public Distribution/Dissemination |
| Mailing Address 3007 Darden Rd | | | 09 13 2014 Amount |
| | | | |
| City Greensboro | State NC | Zip Code 27407 | 34.50 Transaction ID: 7112ab68-6467-41a7-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 09 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | -,, | 304462.73 | Disbursement For: Primary General 2014 Other (specify) ▶ |
| Full Name of Payee Beverly Williams | - | | Date of Public Distribution/Dissemination |
| Mailing Address 3007 Darden Rd | | | 09 13 2014 Amount |
| City | State | Zip Code | 92.50 |
| Greensboro | NC | 27407 | Transaction ID : 4575f917-884d-40ea-b Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 13 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 304462.73 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expend | tures | | 127.00 |
| (b) SUBTOTAL of Unitemized Independent Expe | nditures | | |
| | | | 4 4 |
| (c) TOTAL Independent Expenditures | | | > |
| | didate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 09 15 2014 |
| Signature | | | |

| Sc | hedule E) | XI EIVE | 101120 | | PAGE 101 OF 124 FOR SE OF FORM 24/48 |
|-----|---|------------|-----------------------|------------------|---|
| | ME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| ۷۷ | omen Speak Out PAC | | | | C C00530766 |
| Che | eck if 24-hour report X 48-hour report | New repo | ort Amends repo | ort filed or | M = M / D = D / Y = Y = Y |
| П | Full Name of Payee | | | | Date of Public Distribution/Dissemination |
| | Brooke A Gilham | | | | 09 13 / 2014 |
| | Mailing Address 168 Graduate Lane Apt 324 | | | A | Amount |
| ŀ | City Stat | <u> </u> | Zip Code | | 80.00 |
| | Boone NO | ; | 28607 | | Transaction ID: 9159a1e7-7aae-49a1-9 Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary | | Category/ Type 001 | | 09 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Ì | Name of Federal Candidate | | Support | Office S | Sought: House District:00 |
| | Ms. Kay Hagan | | X Oppose | Pı | resident State: NC |
| | Calendar Year-To-Date Per Election for Office Sought | , 3 | 04462.73 | Disburse 2014 | ement For: |
| | Full Name of Payee Brooke A Gilham | | | Г | Date of Public Distribution/Dissemination |
| | Blooke A Gilliani | | | | 09 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Mailing Address 168 Graduate Lane Apt 324 | | | <i>A</i> | Amount |
| ŀ | City Stat | te | Zip Code | | 35.40 |
| | Boone | | 28607 | Tr | ransaction ID : 2aa9f7c1-47a0-424e-b Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage | | Category/ Type 002 | | 09 13 / 2014 |
| | Name of Federal Candidate | | Support | Office S | Sought: House District: 00 |
| | Ms. Kay Hagan | | X Oppose | P | resident State: NC |
| | Calendar Year-To-Date Per Election for Office Sought | | 304462.73 | Disburs 2014 | ement For: |
| | (a) SUBTOTAL of Itemized Independent Expenditures | | | . . [| 115.40 |
| | | | | | |
| (| (b) SUBTOTAL of Unitemized Independent Expenditures | | | . ▶ | 7 7 7 |
| (| (c) TOTAL Independent Expenditures | | | • | |
| ١ | Under penalty of perjury I certify that the independent experit, or at the request or suggestion of, any candidate or earty committee) any political party committee or its agent | authorized | | | |
| | Ms. Emily Buchanan | [Electron | ically Filed] Date | M M M | / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Signature | Laccion | cany Fileaj Date | , 09 | 10 2014 |
| | | | | | |

| Schedule E) | LNDITOTILO | PAGE 102 OF 124 FOR SE OF FORM 24/48 |
|---|---------------------------|--|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report X 48-hour report Ne | ew report Amends report | filed on M M / D D / Y Y Y Y Y Y |
| Full Name of Payee Lisa a Bernardini | | Date of Public Distribution/Dissemination |
| Mailing Address 1326 East Field St | | 09 13 2014 Amount |
| City State | Zip Code | 50.00 |
| Conway AR | 72034 | Transaction ID : 2d3cfc00-d9f3-4cb6-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 09 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support | Office Sought: House District:00 |
| Mr. Mark L Pryor | X Oppose | President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: Primary General Other (specify) ▶ |
| Full Name of Payee | | Date of Public Distribution/Dissemination |
| Lisa a Bernardini | | 09 13 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 1326 East Field St | | Amount |
| City State | Zip Code | 348.60 |
| Conway AR | 72034 | Transaction ID : 59dfa5bd-6fc4-4693-a Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support | Office Sought: House District: 00 |
| Mr. Mark L Pryor | Oppose | President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: Primary |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 398.60 |
| (b) CURTOTAL of Unitermized Independent Europeditures | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | |
| (c) TOTAL Independent Expenditures | | |
| Under penalty of perjury I certify that the independent expending with, or at the request or suggestion of, any candidate or authority committee) any political party committee or its agent. | | |
| | lectronically Filed] Date | 09 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | | |

| | | FOR SE OF FORM 24/48 |
|---|---|--|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report 48-hour report | New report Amends report filed on | M = M / D = D / Y = Y = Y |
| Full Name of Payee | Da | ate of Public Distribution/Dissemination |
| Joneisha Stewart | | 09 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 2329 Runnymede Dr | An | nount |
| City | ate Zip Code | 60.00 |
| | | ansaction ID : 4ed4e94c-d5c9-455c-9 ate of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 09 / 13 / 2014 |
| Name of Federal Candidate | Support Office So | ught: House District: 00 |
| Ms. Mary L Landrieu | Oppose Pre | esident State: LA |
| Calendar Year-To-Date Per Election for Office Sought | Disburser 2014 | ment For: |
| Full Name of Payee | D | ate of Public Distribution/Dissemination |
| Joneisha Stewart | De | 09 13 2014 |
| Mailing Address 2329 Runnymede Dr | Ar | mount |
| City | ate Zip Code | 8.40 |
| | | insaction ID : f969c66e-77b9-49fc-9 ate of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 | 09 / 13 / 2014 |
| Name of Federal Candidate | Support Office So | ought: House District: 00 |
| Ms. Mary L Landrieu | Oppose Pre | esident State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 116531.66 Disburser 2014 | ment For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | ······ | 68.40 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | |
| (c) TOTAL Independent Expenditures | · | |
| Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager | r authorized committee or agent of either, or | |
| Ms. Emily Buchanan | [Electronically Filed] Date 09 | 15 2014 |
| Signature | | |

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OF

| | include Ly | | | FOR SE OF | FORM 24/48 |
|----|--|----------|-----------------|--------------------------------|------------------------|
| | ME OF COMMITTEE (In Full) | | FEC | IDENTIFICATION | ON NUMBER ▼ |
| ۷۱ | omen Speak Out PAC | | С | C00530766 | |
| Ch | eck if 24-hour report X 48-hour report New report Amends report filed | | - M | / D I D / | Y I Y I Y I Y |
| ٦ | Full Name of Payee | Date o | of Pub | lic Distribution | /Dissemination |
| | John P Hilkert | | 09 ^M | 13 | 2014 |
| | Mailing Address 7 Bards Lane | Amour | nt | | |
| | City State Zip Code | Π. | | | 62.50 |
| | Fletcher NC 28732 | | | ID: 33f4390d | l-d4dc-4557-a |
| | Purpose of Expenditure Salary Category/ Type 001 | | 09 | 13 | 2014 |
| | Name of Federal Candidate Support Office | Sought | t: | House | District:00 |
| | Ms. Kay Hagan Oppose | Preside | | X Senate | State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | irsement | | Primary | General |
| | Full Name of Payee | | | specify) | /Discomination |
| | John P Hilkert | | 09 N | / Distribution | /Dissemination 2014 |
| | Mailing Address 7 Bards Lane | Amou | | 13 | 2014 |
| | City State Zip Code | | | | 8.40 |
| | Fletcher NC 28732 | | | ID: 9e64ae55 bursement or 0 | |
| | Purpose of Expenditure Mileage Category/ Type 002 | M | 09 ^M | 13 | 2014 |
| | Name of Federal Candidate Support Office | e Sough | t: | House | District:00 |
| | | Preside | | X Senate | State: NC |
| | Calendar Year-To-Date Per Election for Office Sought Disbut 2014 | | | Primary | General |
| | (a) SUBTOTAL of Itemized Independent Expenditures | | | 7 | 70.90 |
| | (b) SUBTOTAL of Unitemized Independent Expenditures | | | | |
| | (c) TOTAL Independent Expenditures | | | 4 | |
| ١ | Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | | | | |
| | Ms. Emily Buchanan [Electronically Filed] Date | | 15 | 201 | 4 |
| | Signature | | | | |
| | | | | | |

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OF

| Schedule E) | VI EXI EIVE | ATTOTILES | PAGE 105 OF 124 FOR SE OF FORM 24/48 |
|---|------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New re | port Amends repo | rt filed on |
| Full Name of Payee Adrian Dudley | | | Date of Public Distribution/Dissemination |
| Mailing Address 4367 Split Log Rd | | | 09 13 / 2014 |
| 1007 Gp. 120g 110 | | | Amount |
| City | State | Zip Code | 80.00 |
| Goodman | МО | 64843 | Transaction ID: 1ed98de2-81ff-4b37-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 / 13 / Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sought: House District:00 |
| Mr. Mark L Pryor | | X Oppose | President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 92637.65 | Disbursement For: Primary General 2014 Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Adrian Dudley | | | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 4367 Split Log Rd | | | Amount |
| City | State | Zip Code | 80.00 |
| Goodman | МО | 64843 | Transaction ID: 412d4475-7291-4196-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 / 13 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District:00 |
| Mr. Mark L Pryor | | X Oppose | President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 92637.65 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditure | res | | . ▶ 160.00 |
| (b) SUBTOTAL of Unitemized Independent Expend | ituroo | | |
| (b) SUBTOTAL OF Officernized independent Expend | itures | | |
| (c) TOTAL Independent Expenditures | | | |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its | ate or authorize | | |
| Ms. Emily Buchanan Signature | [Electro | nically Filed] Date | 09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| - 9 | | | |

| , | | | | | | | FOR SE OF | FORM 24/48 |
|-------------------------|---|--------------------|-------------------|-----------|--------------------|--------|-----------------------------|--------------------|
| NAME OF COMM | | | | | | FEC | IDENTIFICATION | ON NUMBER ▼ |
| vvomen Sp | eak Out PAC | | | | | С | C00530766 | |
| Check if 24- | nour report X 48-hour report | New rep | ort Am | ends repo | ort filed on | M = M | / D = D / | Y = Y = Y |
| Full Name of | | | | | Date | of Pub | lic Distribution/ | Dissemination |
| | Bernardini | | | | | M M M | 13 | 2014 |
| Mailing Addre | SS 1326 East Field St | | | | Amo | unt | | |
| City | | State | Zip Code | | | | | 50.00 |
| Conway | | AR | 72034 | | | | ID: 9130a3cf | |
| Purpose of E Salary | kpenditure | | Category/ Type | 001 | | M 09 | 13 | 2014 |
| Name of Fed | eral Candidate | | | Support | Office Soug | ght: | House | District:00 |
| Mr. Mark L P | yor | | \times | Oppose | Presi | dent | X Senate | State: AR |
| | Year-To-Date tion for Office Sought | 7 1 7 | 92637.65 | | Disburseme | | Primary specify) ▶ | X General |
| Full Name of Katlyn P | Bernardini | | | | | of Pub | plic Distribution/ | Dissemination 2014 |
| City | | State | Zip Code | | <u> </u> | | | 18.60 |
| Conway | | AR | 72034 | | | | ID: b0bcb11debursement or C | -2396-48bc-a |
| Purpose of E Mileage | xpenditure | | Category/ Type | 002 | | M M 09 | 13 | 2014 |
| Name of Fed | eral Candidate | | | Support | Office Sou | ght: | House | District:00 |
| Mr. Mark L P | yor | | \mathbf{X} | Oppose | Presi | dent | X Senate | State: AR |
| | Year-To-Date tion for Office Sought | · · · · · · | 92637.6 | 5 | Disburseme 2014 | | Primary specify) ▶ | X General |
| (a) SUBTOTA | of Itemized Independent Expendite | ures | | | • | -7 | 1 1 7 | 68.60 |
| (b) SUBTOTA | of Unitemized Independent Expen | ditures | | | • | | 4 | |
| (c) TOTAL Ind | ependent Expenditures | | | | • [| | 4 | |
| with, or at the | of perjury I certify that the indepen request or suggestion of, any candi e) any political party committee or i | date or authorized | | | | | | |
| | s. Emily Buchanan | [Electron | ically Filed] | Date | 09 | 15 | 201 | |
| Signature | | | | | | | | |

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OF

| | FOR SE OF FORM 24/48 |
|--|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends report filed of | on M = M / D = D / Y = Y = Y |
| | Date of Public Distribution/Dissemination |
| Vonniqua Jackson | 09 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 111 Westchester Blvd Apt D4 | Amount |
| City State Zip Code | 63.00 |
| Slidell LA 70458 | Transaction ID : 1a358605-f7fd-4c30-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 09 / 13 / 2014 |
| Name of Federal Candidate Support Office | Sought: House District: 00 |
| Ms Mary Llandrieu | President State: LA |
| Calendar Year-To-Date Per Election for Office Sought Disburs 2014 | sement For: Primary |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Sarinda S Dudley | 09 13 2014 |
| Mailing Address 4367 Splitlog Rd | Amount |
| City State Zip Code | 80.00 |
| | Transaction ID : fa1fa338-369d-4b5f-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 09 / 13 / 2014 |
| Name of Federal Candidate Support Office | Sought: House District: 00 |
| Mr. Mark L Pryor Oppose | President State: AR State: |
| Calendar Year-To-Date Per Election for Office Sought Disburg 2014 | sement For: Primary |
| (a) SUBTOTAL of Itemized Independent Expenditures | 143.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | 1171171171 |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date 09 | M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | |

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| · · · · · · · · · · · · · · · · · · | | FOR SE OF FORM 24/48 |
|--|---|--|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report X 48-hour report | New report Amends report filed on | M = M / D = D / Y = Y = Y |
| Full Name of Payee | Date | e of Public Distribution/Dissemination |
| Sarinda S Dudley | | 09 13 2014 |
| Mailing Address 4367 Splitlog Rd | Amo | ount |
| City Sta | ate Zip Code | 27.00 |
| Goodman M | | nsaction ID : 56ef00cb-0b4d-4cb7-9 e of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 | 09 / 13 / 2014 |
| Name of Federal Candidate | Support Office Sou | ght: House District: 00 |
| Mr. Mark L Pryor | Oppose Pres | ident X Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 92637.65 Disbursem 2014 | ent For: Primary ⊠ General Other (specify) ▶ |
| Full Name of Payee Lee R Carter Mailing Address 3110 Brentwood Rd | | e of Public Distribution/Dissemination 09 13 2014 ount |
| City Sta | ate Zip Code | 85.00 |
| Raleigh | C 27604 Tran | saction ID : 82ca3cd0-04c3-406c-a e of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support Office Sou | ght: House District: 00 |
| Ms. Kay Hagan | Oppose Pres | sident Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 304462.73 Disbursem 2014 | ent For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 112.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | 7 1 7 1 5 |
| (c) TOTAL Independent Expenditures | ······ | |
| Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent | authorized committee or agent of either, or (| |
| Ms. Emily Buchanan | [Electronically Filed] Date 09 | 15 2014 |
| Signature | | |

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OF

| | | FOR SE OF FORM 24/48 |
|--|---|---|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report X 48-hour report | New report Amends report filed on | M = M / D = D / Y = Y = Y |
| Full Name of Payee | Da | te of Public Distribution/Dissemination |
| Lee R Carter | | 09 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 3110 Brentwood Rd | Am | nount |
| City | ate Zip Code | 17.70 |
| | | ansaction ID : c5b0a40f-f80c-45a5-b te of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 | 09 / 13 / 2014 |
| Name of Federal Candidate | Support Office Sou | ught: House District: 00 |
| Ms. Kay Hagan | Oppose Pre | sident State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 304462.73 Disbursen 2014 | nent For: |
| Full Name of Payee Sandra C Montalbano Mailing Address 4177 Lowerline St | | te of Public Distribution/Dissemination 109 |
| City | ate Zip Code | 50.00 |
| Slidell | | nsaction ID: 18ddff06-bdc2-4c5c-8 tte of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 09 / 13 / 2014 |
| Name of Federal Candidate | Support Office So | ught: House District: 00 |
| Ms. Mary L Landrieu | Oppose Pre | sident Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 116531.66 Disburser 2014 | nent For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | · _ | 67.70 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | |
| (c) TOTAL Independent Expenditures | ······ | |
| Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager | r authorized committee or agent of either, or | |
| Ms. Emily Buchanan Signature | [Electronically Filed] Date 09 | 15 2014 |
| Oignaturo | | |

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OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

| Schedule E) | LIVI EXI END | HONES | PAGE 1 FOR SE | 10 OF 124 OF FORM 24/48 |
|--|----------------------|-----------------------|--|----------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICA | TION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 | 3 |
| Check if 24-hour report X 48-hour report | X New rep | oort Amends repo | t filed on | / Y = Y = Y |
| Full Name of Payee Sandra C Montalbano | | | Date of Public Distribution | on/Dissemination |
| Mailing Address 4177 Lowerline St | | | 09 / 13 | 2014 |
| Walling Address 41/7 Lowerline St | | | Amount | |
| City | State | Zip Code | | 3.60 |
| Slidell | LA | 70461 | Transaction ID : de18a4 Date of Disbursement of | |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 09 / 13 | 2014 |
| Name of Federal Candidate | | Support | Office Sought: House | District: 00 |
| Ms. Mary L Landrieu | | X Oppose | President Senate | State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 116531.66 | Disbursement For: Prima 2014 Other (specify) ▶ _ | ary X General |
| Full Name of Payee | | | Date of Public Distribution | on/Dissemination |
| Shantal C Culbreath | | | 09 / 13 | 2014 |
| Mailing Address 4691 Hercules Lane | | | Amount | |
| City | State | Zip Code | | 100.00 |
| Woodbridge | VA | 22193 | Transaction ID : a7a37al Date of Disbursement o | |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 / 13 | 2014 |
| Name of Federal Candidate | | Support | Office Sought: House | District:00 |
| Ms. Kay Hagan | | Oppose | President Senate | State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 304462.73 | Disbursement For: Prima 2014 Other (specify) ▶ _ | ary X General |
| (a) SUBTOTAL of Itemized Independent Expend | itures | | | 103.60 |
| (-) | | | 7 | 100,00 |
| (b) SUBTOTAL of Unitemized Independent Expe | nditures | | > | |
| (c) TOTAL Independent Expenditures | | | > | |
| Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or | didate or authorized | | | |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | | 014 |
| - | | | | |

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

| Schedule E) | . ENDITORIES | PAGE 111 OF 124 FOR SE OF FORM 24/48 |
|---|-----------------------------|--|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report X 48-hour report | New report | ed on M M / D D / Y Y Y Y Y |
| Full Name of Payee Sandra C Montalbano | | Date of Public Distribution/Dissemination |
| Mailing Address 4177 Lowerline St | | 09 13 2014 Amount |
| | | Amount |
| City | ' | 50.00 |
| Slidell LA | 70461 | Transaction ID: 7f7dad2f-a03d-408c-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 09 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support Off | ice Sought: House District: 00 |
| Ms. Mary L Landrieu | Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 116531.66 Dis | sbursement For: Primary X General Other (specify) ▶ |
| Full Name of Payee | | Date of Public Distribution/Dissemination |
| Sandra C Montalbano | | 09 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 4177 Lowerline St | | Amount |
| City State | Zip Code | 3.60 |
| Slidell LA | 70461 | Transaction ID : 6afb321f-54b6-47f8-b Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 | M 09 / D D / Y Y Y Y Y 13 2014 |
| Name of Federal Candidate | Support Off | fice Sought: House District: 00 |
| Ms. Mary L Landrieu | X Oppose | President Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 116531.66 Dis | sbursement For: Primary |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 53.60 |
| | • | 4 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ····· | 7 7 7 |
| (c) TOTAL Independent Expenditures | ······ | |
| Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent. | | |
| Ms. Emily Buchanan Signature | [Electronically Filed] Date | 09 15 2014 |
| Signature | | |

| | include Ly | FOR SE OF FORM 24/48 |
|----|--|--|
| | ME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| V | Vomen Speak Out PAC | C C00530766 |
| Ch | eck if 24-hour report X 48-hour report New report Amends report filed | I on M = M / D = D / Y = Y = Y |
| | Full Name of Payee | Date of Public Distribution/Dissemination |
| | Kenny Wallis | 09 13 2014 |
| | Mailing Address 6412 Osage Dr | Amount |
| | City State Zip Code | 15.00 |
| | North Little rock AR 72116 | Transaction ID : fa78c328-7c70-4eec-a Date of Disbursement or Obligation |
| | Purpose of Expenditure Salary Category/ Type 001 | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Name of Federal Candidate Support Office | e Sought: House District: 00 |
| | Mr. Mark L Pryor Oppose | President State: AR |
| | 00007.05 | ursement For: Primary X General |
| | Per Election for Office Sought 92637.65 2014 | Other (specify) ▶ |
| | Full Name of Payee Kenny Wallis | Date of Public Distribution/Dissemination |
| | Mailing Address 6412 Osage Dr | 09 13 2014 Amount |
| | City State Zip Code | 7.95 |
| | North Little rock AR 72116 | Transaction ID : a0fa0874-c7e1-42c8-9 Date of Disbursement or Obligation |
| | Purpose of Expenditure Mileage Category/ Type 002 | 09 / 13 / 2014 |
| | Name of Federal Candidate Support Offic | e Sought: House District: 00 |
| | Mr. Mark L Pryor Oppose | President State: AR State: |
| | Calendar Year-To-Date Per Election for Office Sought Disb 2014 | ursement For: Primary |
| | (a) SUBTOTAL of Itemized Independent Expenditures | 22.95 |
| | (b) SUBTOTAL of Unitemized Independent Expenditures | |
| | (c) TOTAL Independent Expenditures | |
| | Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent. | |
| | (77) | 09 15 2014 |
| | Signature | |
| | | |

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OF

| Schedule E) | EXI EIVE | | | | F | PAGE 113 OF 124 FOR SE OF FORM 24/48 |
|--|---------------|-------------------|----------|------------------------|---------------------|---|
| NAME OF COMMITTEE (In Full) | | | | | FEC ID | ENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | | C | C00530766 |
| Check if 24-hour report X 48-hour report | New repo | ort Ame | nds repo | rt filed on | M / | D = D / Y = Y = Y = Y |
| Full Name of Payee Rebecca A Shearer | | | | | M / | Distribution/Dissemination |
| Mailing Address 6544 Arno College Grove Rd | | | | Amou | 09 nt | 13 2014 |
| City | State | Zip Code | | | | 90.00 |
| College Grove | TN | 37046 | | | | D: 7579a700-1268-4c58-b rsement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type | 001 | | 09 / | 13 / 2014 |
| Name of Federal Candidate | | Su | ipport | Office Sough | t: | House District: 00 |
| Mr. Mark L Pryor | | | ppose | Preside | | Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | 92637.65 | | Disbursement 2014 O | t For: ther (spe | Primary X General ecify) ▶ |
| Full Name of Payee | | | | Date of | of Public | Distribution/Dissemination |
| Parker H Morrow | | | | M | 09 / | 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 506 N Horton Street | | | | Amou | nt | |
| City | State | Zip Code | | | | 90.00 |
| Searcy | AR | 72143 | | | | : 119629c0-1593-4adf-8 rsement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type | 001 | | 09 | 13 / 2014 |
| Name of Federal Candidate | | Sı | upport | Office Sough | t: | House District: 00 |
| Mr. Mark L Pryor | | × o | opose | Preside | ent > | Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 92637.65 | | Disbursemen 2014 O | t For: ther (sp | Primary X General ecify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | | | | 180.00 |
| | | | | | - | 7 7 |
| (b) SUBTOTAL of Unitemized Independent Expenditure | res | | | • | - | 7 |
| (c) TOTAL Independent Expenditures | | | | • | -7- | |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac | or authorized | | | | | |
| Ms. Emily Buchanan | [Electron | ically Filed] | Date | M M / | 15 | 2014 |
| Signature | | | | | | |

| <u> </u> | FOR SE OF FORM 24/48 |
|--|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report New report Amends report filed on | M = M / D = D / Y = Y = Y |
| | te of Public Distribution/Dissemination |
| Parker H Morrow | 09 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 506 N Horton Street Am | nount |
| City State Zip Code | 87.90 |
| Searcy AR 72143 Tra | ansaction ID: a1be3c1b-b112-491d-a ute of Disbursement or Obligation |
| Purpose of Expenditure Mileage Category/ Type 002 | 09 / 13 / 2014 |
| Name of Federal Candidate Support Office Sou | ught: House District:00 |
| Mr. Mark I. Pryor | sident State: AR |
| Calendar Year-To-Date Per Election for Office Sought Disbursen 2014 | |
| | Other (specify) |
| Full Name of Payee Payed Randy M Gold | ate of Public Distribution/Dissemination |
| Mailing Address 1436 Haigs Creek Dr | 09 13 2014 |
| An | nount |
| City State Zip Code | 130.00 |
| Da | nsaction ID : 2c08eb35-cc52-47c3-8 ate of Disbursement or Obligation |
| Purpose of Expenditure Salary Category/ Type 001 | 09 / 13 / 2014 |
| Name of Federal Candidate Support Office So | ught: House District: 00 |
| Mr. Mark L Pryor Oppose Pre | esident State: AR |
| Calendar Year-To-Date Per Election for Office Sought Disbursen 2014 | ment For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | 217.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | 1 1 7 1 1 7 1 1 7 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent. | |
| Ms. Emily Buchanan [Electronically Filed] Date 09 | 15 2014 |
| Signature | |

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OF

| | FOR SE OF FORM 24/48 |
|---|---|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report | lew report Amends report filed on |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Randy M Gold | 09 / 13 / 2014 |
| Mailing Address 1436 Haigs Creek Dr | Amount |
| City State | Zip Code 86.67 |
| Elgin SC | 29045 Transaction ID : 697620b9-707f-424b-a Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 09 13 2014 |
| Name of Federal Candidate | Support Office Sought: House District: 00 |
| Mr. Mark L Pryor | Oppose President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| Full Name of Payee Kaleigh J Wagner Mailing Address 18065 Wayne Rd | Date of Public Distribution/Dissemination M 09 |
| City State | Zip Code 130.00 |
| Odessa FL | 33556 Transaction ID : 2961fbb5-73f2-4ac6-a Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 09 13 2014 |
| Name of Federal Candidate | Support Office Sought: House District: 00 |
| Mr. Mark L Pryor | Oppose President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 92637.65 Disbursement For: Primary |
| (a) SUBTOTAL of Itemized Independent Expenditures | 216.67 |
| (b) SUBTOTAL of Uniternized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | > |
| | nditures reported herein were not made in cooperation, consultation, or concert thorized committee or agent of either, or (if the reporting entity is not a political |
| | Electronically Filed] Date 09 15 2014 |
| Signature | |

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OF

| · · · · · · · · · · · · · · · · · · · | FOR SE OF FORM 24/48 |
|--|---|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | C C00530766 |
| Check if 24-hour report X 48-hour report Ne | ew report Amends report filed on Amends report |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| Shelbi L Randall | 09 / 13 / 2014 |
| Mailing Address 202 East Park Ave Apt 40 | Amount |
| City State | Zip Code 130.00 |
| Searcy AR | 72143 Transaction ID : dded8822-7d25-4c90-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 09 / 13 / 2014 |
| Name of Federal Candidate | Support Office Sought: House District: 00 |
| Mr. Mark L Pryor | Oppose President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶ |
| Full Name of Payee Taylor N Randall | Date of Public Distribution/Dissemination M M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 2002 E Park Ave Apt 40 | Amount |
| City State | Zip Code 130.00 |
| Searcy AR | 72143 Transaction ID : bc022fca-358d-4a33-9 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 09 13 / 2014 |
| Name of Federal Candidate | Support Office Sought: House District: 00 |
| Mr. Mark L Pryor | Oppose President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | 260.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures |) |
| (c) TOTAL Independent Expenditures | ······································ |
| | ditures reported herein were not made in cooperation, consultation, or concert norized committee or agent of either, or (if the reporting entity is not a political |
| | [lectronically Filed] Date 09 15 2014 |
| Signature | |

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OF

| FEC IDENTIFICATION NUMBER ▼ C C00530766 | ochedule L) | | | | | | | FOR SE OF | FORM 24/48 |
|--|----------------------------|-------------------------------------|----------------|----------|-----------|-------------|--------------|-------------------|---------------|
| Check if | | | | | | | FEC | IDENTIFICATION | ON NUMBER ▼ |
| Full Name of Payee Taylor N Randall Mailing Address 2002 E Park Ave Apt 40 City State Zip Code Mir. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Purpose of Expenditure Mailing Address 2121 Daniel Dr City State Zip Code Mr. Mark L Pryor City State Zip Code Mr. Mark L Pryor Catendar Year-To-Date Per Election for Office Sought City State Zip Code Sught: City State Zip Code Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Catendar Year-To-Date Purpose of Expenditure Mailing Address 2121 Daniel Dr City State Zip Code Saarcy AR 72143 Date of Public Distribution/Dissemination Transaction ID : 1432e756-8356-4551-b Date of Disbursement or Orbigation President Senate State: AR Catendar Year-To-Date Per Election for Office Sought Catendar Year-To-Date Purpose of Expenditure Salary Catendar Year-To-Date Per Election for Office Sought Catendar Year-T | vvomen Speak Ot | IT PAC | | | | | С | C00530766 | |
| Taylor N Randall Mailing Address 2002 E Park Ave | Check if 24-hour repo | rt X 48-hour report | New report | Am | ends repo | rt filed or | | / D D / | Y Y Y |
| Mailing Address 2002 E Park Ave Apt 40 City State Zip Code Mr. Mark L Pryor | Full Name of Payee | | | | | [| Date of Pub | lic Distribution/ | Dissemination |
| Apt 40 City State Zip Code Searcy AR 72143 Purpose of Expenditure Mileage Category/ Type O02 Name of Federal Candidate Support Mileage President Searce Sught House District: 00 Mr. Mark L Pryor O02 Calendar Year-To-Date Per Election for Office Sought 92637.65 Full Name of Paylee Kaitlyn B Allen City State Zip Code Searcy AR 72143 Name of Federal Candidate Mailing Address 2121 Daniel Dr City State Zip Code Searcy AR 72143 Name of Federal Candidate Mailing Address 2121 Daniel Dr City State Zip Code Searcy AR 72143 Name of Federal Candidate Search Search Se | | | | | | | | | |
| Searcy State Zip Code South Searcy State State Zip Code Searcy State St | | | | | | , | Amount | | |
| Searcy AR 72143 Furposa of Expenditure Mileage Category/ Name of Federal Candidate Mr. Mark L Pyor Calendar Year-To-Date Purpose of Expenditure Salary Name of Federal Candidate Mailing Address 2121 Daniel Dr City State Zip Code Searcy AR 72143 Name of Federal Candidate Mailing Address 2121 Daniel Dr Category/ Name of Federal Candidate Mailing Address 2121 Daniel Dr Category/ Salary Category/ Out Office Sought: House District: 00 Amount Transaction ID: 1d82e759-8366-4b51-b Date of Disbursement or Obligation Amount Amount City State Zip Code Searcy AR 72143 Purpose of Expenditure Salary Name of Federal Candidate Mark L Pryor Oppose Office Sought: House District: 00 Mr. Mark L Pryor Oppose President Searce Salary Office Sought: House District: 00 President Searce Salary Oppose President Searce State: AR Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) Other (speci | · · | | 7:0 | Codo | | | | | F0.40 |
| Purpose of Expenditure Mileage Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Purpose of Expenditure Support City Searcy AR Category/ Type Office Sought: House District: Disbursement For: Primary General Amount City Searcy AR T2143 Purpose of Expenditure Salary Name of Federal Candidate Mark L Pryor Category AR T2143 Purpose of Expenditure Salary Name of Federal Candidate Mark L Pryor Are T2143 Name of Federal Candidate Mark L Pryor Office Sought: House Distribution/Dissemination Transaction ID: 033c2315-3514-4394-b Date of Disbursement or Obligation Transaction ID: 033c2315-3514-4394-b Date of Public Distribution/Dissemination Transactio | | | | | | | | |)-836b-4b51-b |
| Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Kaitlyn B Allen City State Zip Code Searcy AR 72143 Name of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Name of Federal Candidate Mr. Mark L Pryor Salary Category/ Tiype Office Sought: Date of Public Distribution/Dissemination Opp 1 13 2014 Amount Transaction ID: 03ac2315-3514-439d-b Date of Disbursement or Obligation Purpose of Expenditure Salary Category/ Tiype Office Sought: House District: Omega 1 13 2014 Amount Category/ Tiype Office Sought: House District: Omega 1 13 2014 Amount Category/ Tiype Office Sought: Other (specify) ▶ Calendar Year-To-Date Per Election for Office Sought Per Election for Office Sought Other (specify) ▶ Under penalty of perjury 1 certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emilly Buchanan IElectronically Filed] Date Oppose President Seanle State: AR Primary General Primary General Other (specify) ▶ Index persident Seanle State: AR Index persident Seanle State | |) | Cá | | 002 | | M M | / D D / | Y Y Y Y |
| Mr. Mark L Pryor Calendar Year-To-Date President Senate State: AR | Name of Federal Cand | idate | | | Support | Office S | Sought: | House | District:00 |
| Per Election for Office Sought Searcy | Mr. Mark L Pryor | | | | | | _ | X Senate | State: AR |
| Full Name of Payee Kaitlyn B Allen Mailing Address 2121 Daniel Dr City State Zip Code Searcy AR 72143 Purpose of Expenditure Salary Category/ D01 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Public Distribution/Dissemination Date of Public Distribution/Dissemination Transaction ID: 0a3c2315-35f4-439d-b Date of Disbursement or Obligation Transaction ID: 0a3c2315-35f4-439d-b Date of Public Distribution/Dissemination Transaction ID: 0a3c2315-35f4-439d-b Date of Disbursement or Obligation Post of President Senate State: AR Disbursement For: Primary General Other (specify) Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | • | | 926 | 37.65 | | | | | X General |
| Kaitlyn B Allen Mailing Address 2121 Daniel Dr City State Zip Code Searcy AR 72143 Purpose of Expenditure Salary Category O01 Name of Federal Candidate Support Mr. Mark L Pryor Soppose President Searce State: AR Calendar Year-To-Date Per Election for Office Sought Searce State: AR Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures | | | | | | L | Other (s | specify) | |
| Mailing Address 2121 Daniel Dr City State Zip Code Searcy AR 72143 Purpose of Expenditure Salary Name of Federal Candidate State Support Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought 92637.65 (a) SUBTOTAL of Itemized Independent Expenditures City State Zip Code Transaction ID: 0a3c2315-35i4-439d-b Date of Disbursement or Obligation Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought 92637.65 (b) SUBTOTAL of Itemized Independent Expenditures City State Zip Code Transaction ID: 0a3c2315-35i4-439d-b Date of Disbursement or Obligation Mr. Mark L Pryor Calendar Year-To-Date Primary General Disbursement For: Primary General 2014 Other (specify) (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Mr. Emily Buchanan [Electronically Filed] Date D | | | | | | | M = M | / D D / | Y Y Y Y Y |
| City State Zip Code Searcy AR 72143 Purpose of Expenditure Salary Category/ 001 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Transaction ID: 0a3c2315-35f4-439d-b Date of Disbursement or Obligation Ms. Emily Buchanan [Electronically Filed] Date Transaction ID: 0a3c2315-35f4-439d-b Date of Disbursement or Obligation Ms. End of Disbursement or Obligation Transaction ID: 0a3c2315-35f4-439d-b Date of Disbursement or Obligation Transaction ID: 0a3c215-35f4-439d-b Date of Disbursement or Obligation Transaction ID: 0a3c215-35f4-439d-b Date of Disbursement or Obligation Transaction ID: 0a3c215-45 | Mailing Address 212 | 1 Daniel Dr | | | | | | 13 | 2014 |
| Searcy AR 72143 Purpose of Expenditure Salary Category/ O01 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Transaction ID: 0a3c2215-35f4-439d-b Date of Disbursement or Obligation Transaction ID: 0a3c2315-35f4-439d-b Date of Disbursement or Obligation Transaction ID: 0a3c2315-35f4-439d-based or Obligation Transaction ID: 0a3c2315-35f4-439d-based o | | | | | | | | | |
| Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Date of Disbursement or Obligation Office Sought: House District: 00 Disbursement For: Primary General Other (specify) 130.49 Disbursement For: Primary General Other (specify) Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | 1 ' | | · | | | | ransaction | ID · 0a3c2315 | |
| Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures | | | | . 143 | | `i | Date of Dist | bursement or (| Obligation |
| Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought 92637.65 Disbursement For: 2014 Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures | | • | Ca | | 001 | | | | |
| Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Qppose Disbursement For: Primary General 2014 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures | Name of Federal Cano | lidate | | | Support | Office S | Sought: | House | District: 00 |
| Per Election for Office Sought 92637.65 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures | Mr. Mark L Pryor | | | X | Oppose | | - | | 4.5 |
| (a) SUBTOTAL of Itemized Independent Expenditures | • | | | 92637.6 | 5 | | | | General |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date | (a) SUBTOTAL of Itemi | zed Independent Expenditures | | | | • | | | 130.49 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date | (b) SUBTOTAL of Unite | mized Independent Expenditures | | | | • | | - 1 - 2 | |
| with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date | (c) TOTAL Independent | Expenditures | | | | • | | | |
| [Electronically Filed] Date 09 15 2014 | with, or at the request of | r suggestion of, any candidate or a | | | | | | | |
| Duto or | Ms. Emily B | uchanan | [Electronicall | y Filed] | Date | | | | |
| | Signature | | | | | | | | |

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OF

| | | | | FOR SE OF FORM 24/48 |
|--|---------------------------------|-----------------------|------------------|--|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | | C C00530766 |
| Check if 24-hour report X 48-h | our report New repo | ort Amends repo | | M / D D / Y Y Y Y Y |
| Full Name of Payee | | | Date | of Public Distribution/Dissemination |
| Kaitlyn B Allen | | | Th. | 09 13 2014 |
| Mailing Address 2121 Daniel Dr | | | Amou | nt |
| City | State | Zip Code | — I. | 61.74 |
| Searcy | AR | 72143 | | saction ID : 224c0e63-6ae1-4598-a of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | | 09 / 13 / Y Y Y Y Y Y |
| Name of Federal Candidate | | Support | Office Sough | nt: House District: 00 |
| Mr. Mark L Pryor | | Oppose | Preside | ent X Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | | 92637.65 | Disbursemer | nt For: Primary X General |
| Full Name of Payee | | | | of Public Distribution/Dissemination |
| Tylan S Green | | | | 09 13 2014 |
| Mailing Address 2320 Saint Nick I |)r | | Amou | |
| City | State | Zip Code | | 70.00 |
| New Orleans | LA | 70131 | | action ID : a6a48db8-ba5d-4d49-b of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | | 09 / 13 / 2014 |
| Name of Federal Candidate | | Support | Office Sough | nt: House District: 00 |
| Ms. Mary L Landrieu | | Oppose | Presid | ent Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | | 116531.66 | Disbursemer 2014 | nt For: |
| (a) SUBTOTAL of Itemized Independ | ent Expenditures | | | 131.74 |
| (b) SUBTOTAL of Unitemized Independent | endent Expenditures | | · • | 7 1 7 1 7 1 |
| (c) TOTAL Independent Expenditures | · | | • | 7 1 7 1 7 |
| Under penalty of perjury I certify that with, or at the request or suggestion party committee) any political party committee | of, any candidate or authorized | | | |
| Ms. Emily Buchanan | [Electron | ically Filed] Date | 09 | 15 2014 |
| Signature | | | | |

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OF

| | | FOR SE OF FORM 24/48 |
|---|---|---|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report 48-hour report | New report Amends report filed on | M = M / D = D / Y = Y = Y |
| Full Name of Payee | Dat | e of Public Distribution/Dissemination |
| Tylan S Green | | 09 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 2320 Saint Nick Dr | Am | ount |
| City | ate Zip Code | 13.50 |
| 11011 01104110 | | nsaction ID : b98ebd28-8d8f-4d2c-b e of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 | 09 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support Office Sou | ight: House District: 00 |
| Ms. Mary L Landrieu | Oppose Pres | sident X Senate State: LA |
| Calendar Year-To-Date Per Election for Office Sought | 116531.66 Disbursem 2014 | nent For: |
| Full Name of Payee Carla A Wells | Dat | te of Public Distribution/Dissemination |
| | | 09 13 2014 |
| Mailing Address 2013 Woodwind Way | Am | ount |
| City | ate Zip Code | 35.00 |
| Van Buren N | | nsaction ID: 93b308c5-34b9-4725-8 te of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 09 / 13 / 2014 |
| Name of Federal Candidate | Support Office Sou | ught: House District: 00 |
| Mr. Mark L Pryor | Oppose Pres | sident State: AR State: |
| Calendar Year-To-Date Per Election for Office Sought | 92637.65 Disbursem 2014 | nent For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 48.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | 7 7 7 |
| (c) TOTAL Independent Expenditures | · · · · · · · · · · · · · · · · · · · | |
| Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager | r authorized committee or agent of either, or | |
| Ms. Emily Buchanan | [Electronically Filed] Date 09 | 15 2014 |
| Signature | | |

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OF

| · · · · · · · · · · · · · · · · · · | FOR SE OF FORM 24/48 |
|---|---|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out FAC | C C00530766 |
| Check if 24-hour report X 48-hour report | lew report Amends report filed on |
| Full Name of Payee Carla A Wells | Date of Public Distribution/Dissemination |
| | 09 / 13 / 2014 |
| Mailing Address 2013 Woodwind Way | Amount |
| City State | Zip Code 7.50 |
| Van Buren NC | 72956 Transaction ID : fe294970-272e-428d-a Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 09 / 13 / 2014 |
| Name of Federal Candidate | Support Office Sought: House District: 00 |
| Mr. Mark L Pryor | Oppose President X Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶ |
| Full Name of Payee Brenda L McCune Mailing Address 1254 Fleming St Apt 6 | Date of Public Distribution/Dissemination M 09 / 13 / Y 2014 Amount |
| City State | Zip Code 25.00 |
| Conway AR | 72032 Transaction ID : eb30f103-687b-4d84-8 Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 09 13 / 2014 |
| Name of Federal Candidate | Support Office Sought: House District: 00 |
| Mr. Mark L Pryor | Oppose President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 92637.65 Disbursement For: Primary General 2014 Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | 32.50 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | ······ |
| | nditures reported herein were not made in cooperation, consultation, or concert thorized committee or agent of either, or (if the reporting entity is not a political |
| | Electronically Filed] Date 09 15 2014 |
| Signature | |

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OF

| Schedule E) | | PAGE 121 OF 124 FOR SE OF FORM 24/48 |
|---|--------------------------|---|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report X 48-hour report New r | report Amends report fil | led on Mam / Dab / Yayayay |
| Full Name of Payee Brenda L McCune | | Date of Public Distribution/Dissemination |
| Mailing Address 1254 Fleming St Apt 6 | | 09 13 2014 Amount |
| City State | Zip Code | 10.20 |
| Conway AR | 72032 | Transaction ID : f0a047b2-3908-4f88-b Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | Category/ Type 002 | 09 13 / 2014 |
| Name of Federal Candidate | Support Of | fice Sought: House District: 00 |
| Mr. Mark L Pryor | Oppose [| President Senate State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 92637.65 Dis | sbursement For: |
| Full Name of Payee | | Date of Public Distribution/Dissemination |
| Chris McCoy | | 09 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 1025 Cayley Ct | | Amount |
| City State | Zip Code | 30.00 |
| High Point NC | 27260 | Transaction ID : 54c0c2ad-41c2-4bd7-b Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support Of | ffice Sought: House District: 00 |
| Ms. Kay Hagan | Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | sbursement For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 40.20 |
| (,) | • | 7 7 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ····· | 7 7 |
| (c) TOTAL Independent Expenditures | ······ | 1 1 7 1 1 7 1 1 7 |
| Under penalty of perjury I certify that the independent expenditur with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent. | | |
| | ronically Filed] Date | M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y |
| Signature | | |

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

| Schedule E) | LIVI EXI LIVE | TIONES | PAGE 122 OF 124 FOR SE OF FORM 24/48 |
|--|----------------------|-----------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | | C C00530766 |
| Check if 24-hour report X 48-hour report | New rep | port Amends repo | rt filed on |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Chris McCoy | | | 09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 1025 Cayley Ct | | | Amount |
| City | State | Zip Code | 13.80 |
| High Point | NC | 27260 | Transaction ID: 9705dac2-8193-4cf5-b Date of Disbursement or Obligation |
| Purpose of Expenditure Mileage | | Category/ Type 002 | 09 / 13 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | X Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 304462.73 | Disbursement For: Primary General Qu14 Other (specify) ▶ |
| Full Name of Payee | | | Date of Public Distribution/Dissemination |
| Danielle McCoy | | | 09 13 2014 |
| Mailing Address 1025 Cayley Ct | | | Amount |
| City | State | Zip Code | 20.00 |
| High Point | NC | 27260 | Transaction ID: 4bb5c8e8-4da4-4695-a Date of Disbursement or Obligation |
| Purpose of Expenditure Salary | | Category/ Type 001 | 09 / 13 / 2014 |
| Name of Federal Candidate | | Support | Office Sought: House District: 00 |
| Ms. Kay Hagan | | Oppose | President Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | 304462.73 | Disbursement For: Primary General 2014 General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expen | ditures | | 33.80 |
| ., | | | 7 |
| (b) SUBTOTAL of Unitemized Independent Exp | enditures | | • |
| (c) TOTAL Independent Expenditures | | | · |
| | ndidate or authorize | | not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political |
| Ms. Emily Buchanan Signature | [Electron | nically Filed] Date | 09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| g | | | |

| · · · · · · · · · · · · · · · · · · | | | | | | FOR SE OF | FORM 24/48 |
|--|-----------------|-------------------|------------|--------------------|--------|---------------------------------|-------------------------------|
| NAME OF COMMITTEE (In Full) | <u> </u> | | | | FEC | IDENTIFICATION | ON NUMBER ▼ |
| Women Speak Out PAC | | | | | С | C00530766 | |
| Check if 24-hour report X 48-hour report | New repo | ort An | nends repo | | M = M | / D D / | Y = Y = Y |
| Full Name of Payee | | | | Date | of Pub | lic Distribution/ | Dissemination |
| Danielle McCoy | | | | | M _ M | 13 | 2014 |
| Mailing Address 1025 Cayley Ct | | | | Amo | unt | | |
| City | State | Zip Code | | $-\Gamma$ | | | 12.30 |
| High Point | NC | 27260 | | | | ID: 64cd861coursement or C | |
| Purpose of Expenditure Mileage | | Category/ Type | |] [| M 09 | 13 | 2014 |
| Name of Federal Candidate | | | Support | Office Soug | ht: | House | District: 00 |
| Ms. Kay Hagan | | X | Oppose | Presid | dent | X Senate | State: NC |
| Calendar Year-To-Date Per Election for Office Sought | 3 | 804462.73 | | Disburseme | | Primary | X General |
| Full Name of Payee Timothy Foley Mailing Address 20679 Glenbrook Terrace | | | | | of Pub | lic Distribution/ | Dissemination Y Y Y Y Y 2014 |
| City | State | Zip Code | | $-\Gamma$ | | | 20.00 |
| Sterling | VA | 20165 | | | | ID: a44c7016- oursement or C | |
| Purpose of Expenditure Salary | | Category/ Type | | | M 09 | 13 | 2014 |
| Name of Federal Candidate | | | Support | Office Soug | jht: | House | District: 00 |
| Ms. Kay Hagan | | X | Oppose | Presid | dent | X Senate | State: NC |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 304462.7 | 73 | Disburseme 2014 | | Primary | X General |
| (a) SUBTOTAL of Itemized Independent Expenditures | 5 | | | • | -7 | 1 1 7 | 32.30 |
| (b) SUBTOTAL of Unitemized Independent Expenditu | ires | | | • | | | |
| (c) TOTAL Independent Expenditures | | | | · [| | 4 | - |
| Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a | e or authorized | | | | | | |
| Ms. Emily Buchanan | [Electron | ically Filed] | Date | M M / | 15 | 201 | |
| Signature | | | | | | | |

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OF

| · · · · · · · · · · · · · · · · · · | | FOR SE OF FORM 24/48 |
|---|--|--|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| Women Speak Out PAC | | C C00530766 |
| Check if 24-hour report X 48-hour report | New report Amends report filed on | M = M / D = D / Y = Y = Y |
| Full Name of Payee | D | ate of Public Distribution/Dissemination |
| Thomas Dias | | 09 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 110 Maryella Dr | А | mount |
| City | te Zip Code | 80.00 |
| Searcy AF | | ransaction ID : 5b2395f3-ea46-41ef-9 late of Disbursement or Obligation |
| Purpose of Expenditure Salary | Category/ Type 001 | 09 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support Office So | ought: House District:00 |
| Mr. Mark L Pryor | | esident State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 92637.65 Disburse 2014 | ement For: Primary |
| Full Name of Payee Thomas Dias | D | Date of Public Distribution/Dissemination |
| Mailing Address 110 Maryella Dr | | 09 13 2014 mount |
| City Sta | te Zip Code | 59.40 |
| Searcy Al | R 72143 Tra | ansaction ID : 063ca8a3-00d4-48a3-9 |
| Purpose of Expenditure Mileage | Category/ 002 | Date of Disbursement or Obligation M M M |
| Name of Federal Candidate | Support Office S | ought: House District:00 |
| Mr. Mark L Pryor | ∑ Oppose | resident State: AR |
| Calendar Year-To-Date Per Election for Office Sought | 92637.65 Disburse 2014 | ement For: Primary X General Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | ······ | 139.40 |
| (b) SUBTOTAL of Unitemized Independent Expenditures. | | |
| (c) TOTAL Independent Expenditures | ······ | 10382.31 |
| Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent | authorized committee or agent of either, o | |
| Ms. Emily Buchanan | [Electronically Filed] Date 09 | 15 2014 |
| Signature | | |

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